Event Date	10/5/13
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Elect Deneese Owen			-		
To Whom Paid Cup O Joe			1 0 0 5 1 3	Amount	
Address	Purpose		1 0 0 5 1 3	\$32.95	
2418 E Main St		Coffee for meet and greet			
City	State	Zip Code	Check Number		
Bexley	OH	43209	debit card		
To Whom Paid		_ 	M D Y	Amount	
]	
Address	Purpose		. , , , , , , , , , , , , , , , , , , ,		
City	Stote	Zip Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	Stalte	Zip Code	Check Number		
	ОН				
To Whom Paid			M D Y	Amount	
Address				L	
Addiess	Purpose				
City	State	Zip Code	Check Number	C. C. Walet P. A.	
	OH	2.0			
To Whom Paid			M D Y ₁	Amount	
Address	Purpose				
City	Sta te	Zip Code	Check Number	(2) 网络红色	
	OH				
To Whom Paid			M D Y	Amount	
,					
Address	Purpose				
		12			
City	State	Zip Code	Check Number		
T. Illiano P. A	OH		M D LV		
To Whom Paid			M D Y	Amount	
Address	Purpose			<u> </u>	
, , , , , , , , , , , , , , , , , , ,	1 mpose				
	State	Zip Code	Check Number		
-	OH	1			
<u></u>	į - · ·		<u> </u>	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$32.95
Page Total \$