

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens to Elect Deneese Owen</b>								
To Whom Paid <b>Cup O Joe</b>					M	D	Y	Amount
					1	0	5	13
Address <b>2418 E Main St</b>					Purpose <b>Coffee for meet and greet</b>			
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>		Check Number <b>debit card</b>			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
		OH						

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.