Event Date	2/	10/	17
Page	_ '	1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Up Churth, Harking	+ Vaile	, for C	han	٩c		
To Whom Paid Bake Me Happy	<u></u>		0 5	JD 0.2	17	Amount 9′ D≤
	Purpose	es				
City Columbus	State OH	Zip Code 43207		02		
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose	 		<u> </u>	J	l
City	Sta te	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose				J	<u> </u>
City	Sta te	Zip Code	Check Number			
To Whom Paid			M	D	Ý	Amount
Address	Purpose				<u> </u>	<u> </u>
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose			-l		<u> </u>
City	Sta te OH	Check Number				
To Whom Paid	.I		M	D	Y	Amount
Address	Purpose			L	.1	I
City	Sta te OH	Zip Code	Check 1	Number		
أحيانها والتناف المتكاف المراهبات والمراهبات والمتحال المتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال						

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.

