

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Upchurch, Harkins, + Vaile for Change</u>										
To Whom Paid <u>Bake Me Happy</u>						M	D	Y	Amount	
						0	3	02	17	90.00
Address <u>116 E Muler St</u>				Purpose <u>cookies</u>						
City <u>Columbus</u>				State <u>OH</u>	Zip Code <u>43207</u>		Check Number <u>1002</u>			
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.