

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Ted Berry									
To Whom Paid Donatos						M	D	Y	Amount
						0	5	1 2 1 6	\$215.00
Address 920 N High St				Purpose Pizza for Fundraiser					
City Columbus		State OH		Zip Code 43201		Check Number Cash			
To Whom Paid James Carpenter						M	D	Y	Amount
						0	3	2 2 1 6	\$33.00
Address 1498 Runaway Bay				Purpose Buttons for Fundraiser					
City Columbus		State OH		Zip Code 43204		Check Number 1501			
To Whom Paid USPS						M	D	Y	Amount
						0	4	1 9 1 6	\$188.00
Address 2082 Stringtown Rd				Purpose Stamps for Fundraiser					
City Grove City		State OH		Zip Code 43123		Check Number 1591			
To Whom Paid USPS						M	D	Y	Amount
						0	4	2 8 1 6	\$94.00
Address 2082 Stringtown Rd				Purpose Stamps for Fundraiser					
City Grove City		State OH		Zip Code 43123		Check Number 1593			
To Whom Paid Harrison Park Rec Cntr Assoc						M	D	Y	Amount
						0	4	2 2 1 6	\$200.00
Address 565 W 1st Ave				Purpose Room Rental for Fundraiser					
City Columbus		State OH		Zip Code 43215		Check Number 1592			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			

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.

\$730.00

Page Total \$