

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Yes We Can Columbus												
To Whom Paid Will Petrik						M	D	Y	Amount			
						0	8	1	5	1	6	\$164.37
Address 350 E. Tompkins Ave. Unit B				Purpose Reimbursement for food								
City Columbus				State OH	Zip Code 43202		Check Number 1014					
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.

\$164.37
Page Total \$ _____