

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2-01

Name of Committee in Full CITIZENS FOR CARRIER									
To Whom Paid THE RUSTY BUCKET						M	D	Y	Amount
						0	3	0	8
						1	7		\$550.00
Address 3901 BRITTON PARKWAY				Purpose					
City HILLIARD				State OH	Zip Code 43026		Check Number		
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.

\$550.00
Page Total \$