31-F				
R.C.	351	7.	1	0

Event Date
Page

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Commi	ittee in Full						
	Citizens Committee for	Persons	with M.K.				
To Whom Paid	Citizens Committee for Dispatch Consumer Son Rept. L-2335	ncis		M 0 3	D	08	36 25, 30
Address	Dept. L- 2335	Purpose	ntere Distribution				
City	Celumbus	State 0 H	Zip Code 43260	1	ry Code	•	
To Whom Paid	Columbus Mills James	-		M 0:4	04	08	Amount 3323.64
Address	P.C. B., 7140BL	Purpose	iction y, T.V. A25 Zip Code 45271+ 0081	•		<u> </u>	
City	linannah.	State	Category Code *		,		
	linannati*	O 14	45271-0086	1	1ED		
To Whom Paid				М	D	Y.	Amount
Address		Purpose		-	•		
City		State	Zip Code	Category Code *			
To Whom Paid				М	D	Y :	Amount
Address		Purpose		L	I		
City		State	Zip Code	Category Code *			
To Whom Paid			<u> </u>	М	Ď	Y	Amount
Address		Purpose		<u></u>	<u> </u>	I	
City		State	Zip Code	Category Code *			
To Whom Paid				M	D	Ŷ	Amount
Address	·	Purpose		L	1		
City		State	Zıp Code	Category Code *			
To Whom Paid				М	D	Υ.	Amount
Address		Ригроѕе		1	1	L	L
City		State	Zıp Code	Categor	y Code *		
			L	<u>L</u>			

Page Total \$ 6948.94



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Please review the instruction page to determine which category code is correct.
 Transfer total expenditures for this event to Form No. 31-E