31-F R.C.3517.10

FOR PAPER FILING ONL Frage 1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Kim Maggard	· · · · · · · · · · · · · · · · · · ·			
To Whom Paid			M D Y	Amount
Gordon Food Service Store			09 2512	\$137.96
Address	Purpose	•	10/1 MOIL	, , , , , , , , , , , , , , , , , , , ,
6375 Tussing Road	Food and serving ware			
City	State Zip Code		Check Number	
Columbus	OH	43068	Debit Card	
To Whom Paid			M D Y	Amount
				<u> </u>
Address	Purpose			
City	State	Zip Code	Check Number	_
City	OH	I ap com	Citer Humber	
To Whom Paid	011		M D Y	Amount
Address	Purpose			
City	Stalte	Zip Code	Check Number	
	OH			
To Whom Paid			M D Y	Amount
Address	Purpose			- · · · · · · · · · · · · · · · · · · ·
City	Staite	Zip Code	Check Number	
	OH		1 1 1 1 5 1 7	l A — in — A
To Whom Paid			M D Y	Amount
Address	Purpose			
City	Sta te	Zip Code	Check Number	
	ОН			v
To Whom Paid		•	M D Y	Amount
				.l
Address	Purpose			
City	Stalte	Zip Code	Check Number	
City	OH	Zpcoa	Circa Hamou	
To Whom Paid	ŢOI1		M D Y	Amount
Address	Purpose			
City	State	Zîp Code	Check Number	7 *
	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.

•					
\$137.96					
Page Total \$					