3	1	-F	`	
R.	C.	351	7.	10

Event Date	5/6/15
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

			·	· · · · · · · · · · · · · · · · · · ·		
Name of Committee in Full Citizens for Bonnie Michael						
To Whom Paid David Michael			0 6 2 9 1 5	Amount \$14.36		
Address Purpose						
231 St. Antoine Street	Fundraiser	Fundraiser: ice				
City City	State	Zip Code	Check Number			
Worthington	ОН	43085	5046			
To Whom Paid	 		M D Y ₁	Amount		
Marilyn Baker			0 6 2 9 1 5	\$65.33		
Address	Purpose		1 1 1 1 . 1 . 1	1,		
5423 Wine Tavern Lane	Fundraiser	Fundraiser: paper products, name badges, felt pen, notecards, postage stamps				
City	State					
Dublin	ОН	43017	5048			
To Whom Paid	<u> </u>		M D Y	Amount		
Bonnie Michael			0 6 2 9 1 5	\$658.84		
Address	Purpose					
231 St Antoine Street	Fundraiser: paper products, food, beverage, invitations, envelopes, copying, paper, postage stamps					
City	State	Zip Code	Check Number			
Worthington	ОН	43085	5047			
To Whom Paid	•		M D Y	Amount		
Address	Purpose		.1 ' 1 ' 1 ' .			
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose					
City	State	Zip Code	Check Number	<u> </u>		
	ОН					
To Whom Paid			M D Y	Amount		
Address	Purpose		1 1			
City	State OH	Zip Code	Check Number			
To Whom Paid	<u> </u>	<u> </u>	M D Y	Amount		
Address	Purpose		1 . 1 . 1			
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.

\$738.53
Page Total \$ _____