

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CONISON FOR COUNCIL						
To Whom Paid VALU KING				M 0	D 8	Amount \$32.13
Address 6300 E. LIVINGSTON				Purpose FOOD/DRINKS/PAPER PRODUCTS		
City REYNOLDSBURG		State OH	Zip Code 43068	Check Number DEBIT		
To Whom Paid DEALS				M 0	D 8	Amount \$21.74
Address 3856 E. BROAD STREET				Purpose DECOR/PRIZES		
City COLUMBUS		State OH	Zip Code 43213	Check Number DEBIT		
To Whom Paid TURKEY HILL				M 0	D 8	Amount \$12.87
Address 721 S. HAMILTON RD.				Purpose ICE		
City COLUMBUS		State OH	Zip Code 43213	Check Number DEBIT		
To Whom Paid				M	D	Amount
Address				Purpose		
City		State OH	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address				Purpose		
City		State OH	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address				Purpose		
City		State OH	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address				Purpose		
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.

\$66.74
Page Total \$