Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						-
CITIZENS FOR CARRIER						
To Whom Paid			M D	Ÿ	Amount	-
HERITAGE GOLF CLUB			0 4 0 4	1 3	1	425.67
Address	Purpose		0 1 0 1	. 1 0	. 1	120,07
3525 HERITAGE CLUB DRIVE	FACILIT	Y EXPENSE FOR	R FUNDRAIS	ER		
City	State	Zip Code	Check Number		34-14-2	I. Links
HILLIARD	ΟН	43026	139	i	4	151 15 155
To Whom Paid			M D	Y	Amount	
Address	Purpose				•	
City	State	Zip Code	Check Number		San a	
					451 - 35	0. 2. 2.
To Whom Paid			M D	Y	Amount	
Address	Purpose					
City	State	Zip Code	Check Number		a stage of	
					3/2/2	
To Whom Paid			M D	Y	Amount	
	n					
Address	Purpose					
City	State	Zip Code	Check Number		146° 6 6 6	And the second
·	State	Zip cooc	Check Humber			
To Whom Paid			M D	Y	Amount	and the second second of the Second
Address	Purpose				ı	
Į						
City	State	Zip Code	Check Number		The state of	Or Wall to
To Whom Paid			M D	Y	Amount	
Address	Purpose				•	
City	State	Zip Code	Check Number		* 104.0	
						E Thins
To Whom Paid			M D	Y	Amount	
Address	Purpose					'
						v. M. Jackson D.
City	State	Zip Code	Check Number			
1					if the fire	

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.