

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Paley for Columbus							
To Whom Paid Giant Eagle				M 0	D 7	Y 1	Amount 123.98
Address 6867 E. Broad Street		Purpose Supplies - Food - Drink					
City Reynoldsburg	State O	Zip Code 43068	Check Number Visa				
To Whom Paid See In-Kind Contributions				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City	State	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.