Event Date	9/1/13
Page 2	4

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR HAUGHN					
To Whom Paid ROGER DEARWESTER			0 9 1 3 1 3	Amount \$200.00	
Address 4131 JOYCE AVE	Purpose ENTERTA				
City GROVE CITY	Stajte OH	State Zip Code OH 43123		Check Number 505	
To Whom Paid		.1	M D Y	Amount	
Address	Purpose		1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		
City	Stajte OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose			<u>-</u>	
City	Stajte OH	Zîp Code	Check Number		
To Whom Paid	·	•	M D Y	Amount	
Address	Purpose				
City	State OH	Zíp Code	Check Number		
To Whom Paid			M Đ Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	Staite OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Ригрозе				
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.

\$200.00
Page Total \$