

Date	 Page
1 -	

Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee	-	ſ		
triends of Mack	UVE	esenber	ry	
To Whom Paid			Date (MM/DD/YYYY)	Amount
VICKS Gourmet Piz	Zori	a	08-21-2019	47.90
Street Address	Purpose	1.	<u> </u>	
1345 E. Main St		175a		
City	State	Zip Code	Check Number	
reyn.	VII	43068		n Signer na 1836 - Signer
To Whom Paid			Date (MM/DD/YYYY)	Amount
Kroger			108-18-2019	25.11
Street Address	Purpose	anc 000 0	later	
6962 Ellain St		er, pop, p		
City	State	Zip Code	Check Number	
Keyn.	Utt	43068		
To Whom Paid			Date (MM/DD/YYYY)	Amount (S)
Kroop		(18/20/2019	34.81
Street Address	Purpose	Ice, Cu	Pcakes, ma	CYNOUS.
10462 Ellan St		COOK	ycakes, ma	(100)(2)
City	State	Zip Code	Check Number	
Kum	UT	4368		
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose		I	
City	State	Zip Code	Check Number	
To Whom Paid	<u>. </u>		Date (MM/DD/YYYY)	Amount
			, , , , ,	
Street Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
		L	1	

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.

	Page Total \$	וטו	.90	
--	---------------	-----	-----	--