

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee 4 Children						
To Whom Paid Columbus Bar Association			M 0 8	D 2 8	Y 1 4	Amount \$580.63
Address 175 S Third St STE 1100		Purpose Rental				
City Columbus	State OH	Zip Code 43215	Check Number 2456			
To Whom Paid Colin Lazarski			M 0 9	D 0 4	Y 1 4	Amount \$100.00
Address 216 East Beaumont Rd		Purpose Music				
City Columbus	State OH	Zip Code 43214	Check Number 2459			
To Whom Paid Derek DiCenzo			M 0 9	D 0 4	Y 1 4	Amount \$100.00
Address 202 E Maynard Ave		Purpose Music				
City Columbus	State OH	Zip Code 43202	Check Number 2460			
To Whom Paid Megan and Peter Stevens			M 0 9	D 0 4	Y 1 4	Amount \$1,966.00
Address 8383 Gleneagles Ct		Purpose Fundraiser Expense Reimbursement				
City Dublin	State OH	Zip Code 43017	Check Number 2461			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	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.

\$2,746.63

Page Total \$