

**FOR PAPER FILING ONLY**

Event Date 8/18/2017  
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## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Committee to Elect Erin Upchurch							
To Whom Paid				M	D	Y	Amount
Bake Me Happy				0	9	0817	185.00
Address		Purpose					
116 E Moler		refreshments/baked goods					
City	State	Zip Code	Check Number				
Columbus	O H	43207	Debit Card				
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.

Page Total \$ 185.00