



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Citizens for Bonnie Michael				
To Whom Paid Fresh thyme		Date (MM/DD/YYYY) 09/25/2019		Amount 22.24
Street Address 933 High Street		Purpose Food		
City Worthington	State OH	Zip Code 43085	Check Number Debit Card #**4594	
To Whom Paid Marilyn Baker		Date (MM/DD/YYYY) 110/04/2019		Amount 20.41
Street Address 5423 Wine Tavern Lane		Purpose Reimburse for Staples - Wine Bottle Labels		
City Dublin	State OH	Zip Code 43017	Check Number 5059	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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 \$ 42.65