

Event Date	7/11/13 #####
Page	1

23

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR PRISCILLA TYSON												
To Whom Paid SHADOWBOX LIVE						M	D	Y	Amount			
						0	7	1	1	3	398.40	
Address 503 S FRONT STREET			Purpose REFRESHMENTS									
City COLUMBUS			State O H		Zip Code 43215		Check Number DEBIT					
To Whom Paid SABRINA TUTSTONE						M	D	Y	Amount			
						0	7	1	1	3	125.00	
Address 1620 E BROAD STREET			Purpose ENTERTAINMENT									
City COLUMBUS			State O H		Zip Code 43203		Check Number 437					
To Whom Paid BACKSTAGE BISTRO						M	D	Y	Amount			
						0	7	1	1	3	768.59	
Address 503 S FRONT STREET			Purpose REFRESHMENTS									
City COLUMBUS			State O H		Zip Code 43205		Check Number DEBIT					
To Whom Paid TRIUMPH COMMUNICATIONS						M	D	Y	Amount			
						0	8	0	9	1	3	2,680.00
Address 1490 DUBLIN ROAD			Purpose FUNDRAISING SERVICES									
City COLUMBUS			State O H		Zip Code 43205		Check Number 438					
To Whom Paid WALGREENS						M	D	Y	Amount			
						0	7	2	9	1	3	28.18
Address #6118			Purpose FUNDRAISING PICTURES									
City COLUMBUS			State O H		Zip Code 43213		Check Number 28.18					
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 \$ 4,000.17