

Event Date	
Page	1

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				M	D	Y	Amount		
Creole Kitchen				0 8	3 0	0 7		30.00	
Address	Purpose								
1052 Mt Vernon Plaza	Food								
City	State Zip Code			Check N					
Columbus	0	H	43203		128				
To Whom Paid				М	D	Y	Amount		
Imagine That With Mary				0 8	3 0	0 7		40.00	
Address	Purpose								
4255 Boulder Creek Dr	<u> </u>		In o i	lo: ··					
City	State Zip Code			Check N					
Gahanna	0	H	43230	M	129	l v	A		
To Whom Paid					D	Y	Amount		
Address Purpose									
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City	Sta	ite	Zip Code	Check N	umber				
T- Wil Deld				M	P	lv	Amount		
To Whom Paid				M	D	Y	Amount		
Address									
Address	Purpose Purpose								
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City	312	iiC	Zip Code	CHECK IV	minci				
To Whom Paid			<u></u>	M	D	Y	Amount		
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Address	Purpose								
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City	State Zip Code		Zip Code	Check N	lumber				
To Whom Paid				M	D	Y	Amount		
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Address	Purpose						<u> </u>		
City	State Zip Code Check Number								
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To Whom Paid				М	D	Y	Amount		
Address	Purpose			1	I				
]								
City	Sta	te	Zip Code	Check N	umber				
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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 \$	70.00