

Event Date

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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 Number				
Columbus				O H		43203		128				
To Whom Paid						M	D	Y	Amount			
Imagine That With Mary						0	8	3	0	0	7	40.00
Address				Purpose								
4255 Boulder Creek Dr												
City				State		Zip Code		Check Number				
Gahanna				O H		43230		129				
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 \$

70.00