

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 Seth Josolowitz						M	D	Y	Amount
						0	7	2	392.00
Address 679 West Spring St				Purpose Reimbursement for Stamps					
City Columbus		State O H		Zip Code 43215 talen		Check Number 445			
To Whom Paid Sabrina Tutstone						M	D	Y	Amount
						0	8	1	200.00
Address 1620 E Broad St				Purpose Entertainment					
City Columbus		State O H		Zip Code 43203		Check Number 485			
To Whom Paid Confluence Park						M	D	Y	Amount
						0	8	1	1,935.00
Address 679 West Spring St				Purpose Event Facilities					
City Columbbus		State O H		Zip Code 43215		Check Number DC			
To Whom Paid Triumph Communications						M	D	Y	Amount
						0	9	1	2,886.00
Address 1490 Dublin				Purpose Fundraising Services					
City Columbus		State O H		Zip Code 43215		Check Number 487			
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.