Event Date	08/12/2014	رما
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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				м 0 7	D	Y	Amount	
Seth Josolowitz					<u> 2 2</u>	1 4	<u> </u>	392.00
Address	Purpose	_	_					
679 West Spring St	Reimbursement for Stamps							
City	State Zip Code			Check N				
Columbus	0	Н	43215 talen		445			
To Whom Paid				М	D	Y	Amount	
Sabrina Tutstone	To.			0 8	1 2	1 4		200.00
Address	Purpose							
1620 E Broad St	Entertainment							
City	Str.	- 1	Zip Code	Check Number				
Columbus	10	Н	43203		485	l v		
To Whom Paid				M	D	Y	Amount	4.005.00
Confluence Park				10 8	1 2	1 4	<u> </u>	1,935.00
Address	Purpose							
679 West Spring St	Event Facilities State Zip Code					·····		
	Ι,		-	Check N				
Columbbus To Whom Paid	0	Н	43215	 W	DC D	Y	Amount	
				M	1	I .	MINAMI	2 007 00
Triumph Communications Address	ID-10-0-0-			0 9	1 8	1114	L	2,886.00
	· ·							
1490 Dublin City		draising Services tate Zip Code Check Number						
	Ι.		-					
Columbus To Whom Paid	0	H	43215	M	487	ΙΥ	Amount	
10 whom tand				"	1	;	- urount	
Address	Purpose			<u> </u>	<u> </u>			
Lindicas	l' urbose	цион						
City	State Zip Code		Check N	lumber				
ionę I		-						
To Whom Paid	1]	M	D] Y	Amount	
A COLUMN T MA						l i		
Address	Purpose			1	<u> </u>	<u> </u>	<u> </u>	
a more voc								
City	Str	ate	Zip Code	Check N	lumber			
		 		Check (Miller)				
To Whom Paid	1			М	D	Y	Amount	
					1 1	1 1		
Address	Purpose				<u> </u>	1. !	<u> </u>	
City	St	ate	Zip Code	Check Number				
	}	l						
I	<u> </u>			<u> </u>				

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.