

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens To Retain Hood									
To Whom Paid Prost Beer & Wine Cafe						M 0	D 3	Y 2	Amount \$956.66
Address 7354 E. Main St.				Purpose Fundraiser food & drinks					
City Reynoldsburg				State OH	Zip Code 43068		Check Number 1015		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
				OH					

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.

\$956.66
Page Total \$