

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Central Ohio Restaurant Association Political Action Committee									
To Whom Paid Michael O'Dell						M	D	Y	Amount \$152.50
Address 41 S. High Suite 2300						Purpose Reimbursement for wait staff expenses at fundraising event			
City Columbus						State OH	Zip Code 43215	Check Number 105	
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	
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.

\$152.50
Page Total \$ _____