## FOR PAPER FILING ONL Page 1

## **Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

				Obstrania con con mahimim		
Name of Committee in Full Central Ohio Restaurant Associatio	n Political Action C	ommittee				
To Whom Paid			M D	Y	Amount	
Michael O'Dell			0 9 2 2	0 9	\$152.50	
Address	Purpose		191915	_   0   0	ψ 10 <u>2.0</u> 0	
41 S. High Suite 2300	Reimbur	Reimbursement for wait staff expenses at fundraising event				
City	State Zip Code		Check Number			
Columbus	OH	43215	105			
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Address	Purpose					
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	ОН	,	Jacob Hamber			
	011			CONTRACTOR AND		

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 \$