

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Paley for Columbus									
To Whom Paid Blair Schueler Roasted Productions						M 0	D 7	Y 2	Amount 600.00
Address 338 Deshler Avenue			Purpose Fundraising Event						
City Columbus			State O	H H	Zip Code 43206	Check Number 538			
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.

Page Total \$ 600.00