

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR TOM BAKER									
To Whom Paid TEN PIN ALLEY						M 0 3	D 2 8	Y 1 7	Amount \$204.36
Address 5499 CONSTITUTION BLVD			Purpose FUNDRAISER						
City HILLIARD			State OH	Zip Code 43026		Check Number n/a			
To Whom Paid PROFORMA						M 0 3	D 1 5	Y 1 7	Amount \$209.63
Address PO BOX 640814			Purpose FUNDRAISER INVITATIONS & CONTRIBUTION CARDS						
City CINCINNATI			State OH	Zip Code 45264		Check Number 1001			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	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.

\$413.99
Page Total \$