31-F
R.C. 3517.10

Event Date 7-25-16
Page 1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full: UA FOR ACCOUNTABILITY

To Whom Paid	M	D	Y	Amount	Address	Purpose	City	State	Zip Code	Check Number
LINDA JONES FOR: THE OLD BAG OF NAILS	07	25	16	484.24	2531 COVENTRY N	FUND RAISER REFRESHMENTS	UA	OH	43221	102

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 $ 484.24