

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>A. Troy Miller for Columbus</b>											
To Whom Paid <b>Zanzibar Brews</b>					M	D	Y	Amount			
					0	6	2	5	0	9	300.00
Address <b>740 E. Long St.</b>				Purpose <b>food</b>							
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43203</b>		Check Number <b>997</b>					
To Whom Paid <b>Shawn Tucker</b>					M	D	Y	Amount			
					0	6	2	5	0	9	95.04
Address				Purpose <b>postage</b>							
City		State <b>O   H</b>		Zip Code		Check Number <b>998</b>					
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.