



Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

Full Name of Committee					
Friends of Sharon W	Rette,	\rightarrow			
Juinds of Sharon Whitten To Whom Paid			Date (MM/DD/YYYY)	Amour	
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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.

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Page Total \$	140	