

i	Date	10/24/2017	Page 1
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee		· · · · · · · · · · · · · · · · · · ·			
Friends of PR Casey					
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Whitney House			08/24/2017	\$200.00	
Street Address		Purpose			
666 High St	debit c	debit card used for food for meet and greet/fundraiser campaign event			
City	State	Zip Code	Check Number		
Worthington	ОН	43085			
To Whom Paid		- 4	Date (MM/DD/YYYY)	Amount	
Street Address Purpose					
City	State	Zip Code	Check Number		
	ОН				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Street Address	Purpose	Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	Amount	
Street Address Purpose			<u> </u>		
City	State	Zip Code	Check Number	N. W. D. Gerlinstein und gestellt in der Stellen und gestellt in der Stelle und gestellt und gestellt in der Stelle und gestellt	
Oity	ОН	Zip Code	Check Number		
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Street Address	Purpose)		L	
City	State OH	Zip Code	Check Number		
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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.

Page Total \$	
Page Total \$	