31-F				
Þ	c	3517	10	

Event Date
Page 1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Wolfe For Mayor Committee				
To Whom Paid Carle For State Representative			M D Y Amount 0 3 2 5 1 0 \$250.00	
Address	Purpose		+ + - + +	
	Campaign Contrabution			
City	State	Zip Code	Check Number	
	ОН		146	
To Whom Paid	'		M D Y Amount	
Lynch For Judge			0 5 1 6 1 0 \$400.00	
Address	Purpose			
4756 Crazy Horse Ln	campaign Contribution			
City	State	Zip Code	Check Number	
Westerville	ОН	43081	147	
To Whom Paid			M D Y Amount	
Kacich For Governor			0 6 1 2 1 0 \$500.00	
Purpose Purpose				
		Campaign Contrabution		
City	State	Zip Code	Check Number	
	ОН		148	
To Whom Paid			M D Y Amount	
Whitehall Bexley Rotary Club			0 8 0 2 1 0 \$320.00	
Address	Purpose			
898 Plum Ridge Dr.		Charity Outing		
City	State	Zip Code	Check Number	
Columbus	ОН	43213	150	
To Whom Paid WCPAA			0 9 2 3 1 0 \$260.00	
Address	Purpose			
365 S> Yearling Rd	Charity Ou	uting		
City	State	Zip Code	Check Number	
Whitehall	ОН	43213	151	
To Whom Paid	······································		M D Y Amount	
Address	Purpose			
City	State	Zip Code	Check Number	
•	OH			
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State	Zip Code	Check Number	
	OH			

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.

\$1,7	30.00
Page Total \$	