31-F R.C. 3517.10

Event Date	4-21-09
Page	

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full			***************************************						
Tranc of Committee in Fun									
To Whom Paid  Ari? S. Diner			MOIY	D 26	8	Amount <i>2</i> 50.00			
Address 1425 Frank Rd.	Purpose F00	d & Location							
Ari's Diner  Address  1425 Frank Rd.  City  Columbus	State O   [-]	Check Number							
To Whom Paid		43223	M	D	Y	Amount			
Address	Purpose				***************************************				
City	State	Zip Code	Check N						
To Whom Paid			M	D	Y	Amount			
Address									
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		gerkens verste in Et Distriction for each of the second section of the second section of the second section of	M	D	Y	Amount			
Address	Purpose								
City	State	Zip Code	Check	Number	707				
S. C.	Secretary and a second	THE PROPERTY OF THE PROPERTY O							

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.

