

Event Date 4-21-09
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
To Whom Paid <u>Ari's Diner</u>						M	D	Y	Amount <u>250.00</u>
Address <u>1425 Frank Rd.</u>		Purpose <u>Food + Location-Fundraiser</u>							
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43223</u>		Check Number <u>002</u>				
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				
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.

Page Total \$ 250.00
0.00