

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Republican Party												
To Whom Paid The Athletic Club of Columbus						M 0	D 5	Y 1	Y 3	Y 1	Y 1	Amount \$2,818.20
Address 136 E. Broad Street				Purpose Food and beverage								
City Columbus				State OH		Zip Code 43215		Check Number 9012				
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				
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.

\$2,818.20

Page Total \$