

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Friends for Ginther							
To Whom Paid			M	D	Y	Amount	
Short North Tavern			0/7	3 1	0 7		261.50
Address	Purpose			<u> </u>	منطب		
674 North High St.	Fundrai	ser					
City	State	Check 1	Number				
Columbus	State Zip Code O H 43215			1482			
To Whom Paid	1011	1 10210	M	D D	Y	Amount	
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Address	Purpose						
Mulcos	l urpose						
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City	State	Zip Code	Check	Nulliber			
W 1771				1 5	177		
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check I	Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State Zip Code		Check l	Check Number			
To Whom Paid			M	D	Y	Amount	
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Address	Purpose					1	
City	State Zip Code			Check Number			
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To Whom Paid	<u> </u>		М	D	Ý	Amount	
			"				
Address	Purpose						
Maries	Laposo						
City	State	Zip Code	Choole I	Virmbon			
City	State Zip Code		Check	Check Number			
				T 5	T 17		
To Whom Paid			M	D	Y	Amount	
	T_						
Address	Purpose						
City	State	Zip Code	Check I	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.