

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of McGivern												
To Whom Paid Heritage Golf Club						M	D	Y	Amount \$602.44			
						0	4	2	4	1	7	
Address 3525 Heritage Club Drive				Purpose 4/06/17 Event Food/Beverage								
City Hilliard				State OH		Zip Code 43026		Check Number 1013				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		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.

\$602.44

Page Total \$