

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Paul Bingle												
To Whom Paid Kevin Bingle						M	D	Y	Amount			
						0	9	2	4	0	7	72.50
Address 3076 Scioto Trace				Purpose Reimburse Campaign Expenses - Postage								
City Hilliard				State O	H	Zip Code 43221	Check Number 1038					
To Whom Paid Kevin Bingle						M	D	Y	Amount			
						1	0	0	5	0	7	74.77
Address 3076 Scioto Trace				Purpose Reimburse Campaign Expenses - Printing & Office supplies								
City Hilliard				State O	H	Zip Code 43221	Check Number 1042					
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.