

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

57								
Name of Committee in Full								
Friends for Ginther								
To Whom Paid				M	D	Y	Amount	
Metro Bar and Grille				0 5	2 2	0 7	<u>'</u>	500.00
Address	Purpose							
550 South High St.	Fund	<u>lrais</u> e						
City	Sta	Zip Code	Check Number					
Columbus	0	H	43215		1449)		
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
City	State Zip Code			Check Number				
To Whom Paid				М	D	Y	Amount	
Address Purpose					1	1	<u> </u>	
City	State Zip Code		Zip Code	Check Number				
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Address	Duess				<u></u>			
Address	Purpose							
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City	State Zip Code			Check Number				
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To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	State Zip Code		Zip Code	Check Number				
To Whom Paid				М	D	Y	Amount	
Address	Purpose					•	_	
City	State Zip Code			Check Number				
To Whom Paid	<u> </u>	<u> </u>		М	D	Y	Amount	
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Address	Purpose		· · · · · · · · · · · · · · · · · · ·	L	1			
A MONTO COLO	l arpose							
City	C+-	nta	Zip Code	Chaole	Number			
City	Sta	aic I	Zap Code	Check.	ramoet			
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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.

500.00
300.00_