

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 Metro Bar and Grille						M 0	D 5	Y 2	Amount 500.00
Address 550 South High St.		Purpose Fundraiser							
City Columbus		State O	H H	Zip Code 43215	Check Number 1449				
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.