

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Manager Committee Committe							
Name of Committee in Full							
Friends of Dr. Anahi Ortiz			1	1 5		T.	
			M	D	Y	Amount	254.05
El Arepazo Restaurant	Purpose		0 7	1019	1 5	<u> </u>	354.97
	1	Vamos					
515 S. High Street	Fundraise State	Zip Code	Charle	Number			
Columbus	O H		Check	Number			
To Whom Paid	LOLD	43215	M	D	Y	Amount	
Giant Eagle			1 0	1 .	Ι.		88.18
Address	Purpose		[1]0	1112	1113	<u> </u>	00.10
5461 New Albany Rd W		Meet and Greet					
City	State	Check ?	Check Number				
New Albany	ОН	Zip Code 43054					
To Whom Paid	10111	13034	М	D	Y	Amount	
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Address	Purpose		1 !	1 '	<u> </u>	1	
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City	State	Zip Code	Check 1	Number			
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To Whom Paid	<u>, , , , , , , , , , , , , , , , , , , </u>	I	М	D	Y	Amount	
Address	Purpose		•		<u> </u>		
City	State	Zip Code	Check !	Check Number			
To Whom Paid		· ·	М	D	Y	Amount	
Address	Purpose		•	•			
City	State	Check Number					
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To Whom Paid		<u> </u>	М	D	Y	Amount	
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Address	Purpose	_					
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City	State Zip Code		Check Number				
	<u> </u>						
To Whom Paid	•		M	D	Y	Amount	
				<u> </u>			
Address	Purpose						
		.					
City	State	Zip Code	Check ?	Number			
	1						

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.

Page Total \$ 443.15
