

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Dr. Anahi Ortiz								
To Whom Paid El Arepazo Restaurant					M 0	D 7	Y 0	Amount 354.97
Address 515 S. High Street		Purpose Fundraiser Venue						
City Columbus		State O	H	Zip Code 43215	Check Number			
To Whom Paid Giant Eagle					M 1	D 0	Y 1	Amount 88.18
Address 5461 New Albany Rd W		Purpose Food for Meet and Greet						
City New Albany		State O	H	Zip Code 43054	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.