

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of Marilyn Brown</b>											
To Whom Paid <b>Spice Lounge</b>						M	D	Y	Amount <b>600.00</b>		
						1	2	1	5	0	6
Address <b>491 N Park Street</b>				Purpose <b>Catering</b>							
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43215</b>		Check Number <b>1061</b>			
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.