Event Date	Dec. 12 06
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Friends of Marilyn Brown				1	T 5	1	1	
To Whom Paid				M	D	Y	Amount	
Spice Lounge	Purpose		*.	1 2	2 1 5	0 6	<u> </u>	600.00
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Columbus	State Zip Code			Check Number 1061				
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City	State Zip Code			Check Number				
To Whom Paid				M	D	Y	Amount	
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To Whom Paid				M	D	Y	Amount	
	D	•					L	 -
Address	Purpose							
Ch.	C+	to	Zip Code	Chool- 1	Number			
City	Stat	ıc	Lip Code	Check	HUIIIOCI			

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 \$	600.00
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