Event Date	5/26/16
Page 1	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Democratic Lawyers	s Club PAC					
To Whom Paid			M D Y	Amount		
Dempsey's Restaurant			0 5 2 6 1 6	\$230.82		
Address 346 S. High Street		Purpose Food and drink for fundraising event  State Zip Code Check Number				
City Columbus	Sta te OH	Stalte   Zip Code   OH   43215				
To Whom Paid	1011		1006 M D Y <sub>i</sub>	Amount		
Address	Purpose			•		
City	Sta te	Zip Code	Check Number			
	ОН			•		
To Whom Paid			M D Y	Amount		
Address	Purpose	-	<u> </u>	1		
City	Stalte OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose	,	1 1 1 1 1	<u> </u>		
City	Stafte OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose			<del>.</del>		
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose	****				
City	Stajte OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose		<u> </u>	•		
City	Stajte OH	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.

\$230.82
Page Total \$ \_\_\_\_\_