

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full The Central Ohio Restaurant Association Political Action Committee											
To Whom Paid Lindey's Restaurant						M 1	D 0	Y 1	Y 1	Y 1	Amount \$554.40
Address 169 E. Beck Street				Purpose Food and service charge for PAC event 10-11-11							
City Columbus				State OH	Zip Code 43206		Check Number 118				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Amount
Address				Purpose							
City				State 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.

\$554.40
Page Total \$