

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | | | | | | |
|---------------------------|--|--|--|----------|--|----------|---|--------------|--------|---|---|--------|
| Name of Committee in Full | | | | | | | | | | | | |
| Friends of Marilyn Brown | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Tony's | | | | | | 1 | 0 | 2 | 0 | 0 | 6 | 600.00 |
| Address | | | | Purpose | | | | | | | | |
| 16 W Beck | | | | Catering | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
| Columbus | | | | O H | | 43215 | | 1045 | | | | |
| 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 | | | |
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| Address | | | | Purpose | | | | | | | | |
| | | | | | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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| Address | | | | Purpose | | | | | | | | |
| | | | | | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
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| 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.