

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
To Whom Paid Top Steak House					M 1	D 0	Y 2	Amount 691.15
Address Main Street		Purpose Fundraiser						
City Columbus		State O	Zip Code H	Check Number Debit Purchase				
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				
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.