31.	-F
R C	3517 10

Event Date	4/28/11
Page	3

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Republican Party							
			1 34 1 75 1 4	Amount			
To Whom Paid Franklin Park Conservatory			0 4 0 6 1	Amount 1 \$1,000.00			
Address	Purpose		<u> </u>				
1777 E. Broad Street	Room Ren	Room Rental Deposit					
City	State	State Zip Code Check Number					
Columbus	ОН	43213	8988				
To Whom Paid		•	M D	Amount			
Address	Purpose		1 !1 !	<u> </u>			
		- la: c :	Total				
City	State	Zip Code	Check Number				
	OH		.,	Z. America			
To Whom Paid	 -		M D	Amount			
Address	Purpose	Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid		<u> </u>	M D	Y Amount			
Address	Purpose	Purpose					
Cin	State	Zip Code	Check Number				
City	OH	J., 5555	Charles Admits				
To Whom Paid			M D	Y Amount			
Address	Purpose						
City	State	Zip Code	Check Number				
	OH	'					
To Whom Paid			M D	Amount			
Address	Purpose						
		17: 0	Ct. d Mar-1				
City	Stajte OH	Zip Code	Check Number				
To Whom Paid			M D	Y Amount			
				1 1			
Address	Ригроѕе						
Circ.	State	Zip Code	Check Number				
City	OH	Zip Code	Choose intuition				

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.

\$1,000.00
Page Total \$