

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Baker for the Board									
To Whom Paid Florentine Restaurant						M 0	D 4	Y 0	Amount 228.21
Address 907 W. Broad St.		Purpose Campaign Kickoff Event							
City Columbus		State O	H H	Zip Code 43222	Check Number 2004				
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.