Event Date	4/28/11
Page 11	

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						
To Whom Paid			M D Y	Amount		
Ross Irvine			0 4 2 8 1 1	\$360.00		
Address	Purpose	_				
441 E. Town Street; Apt 105	Entertainn					
City	State	Zip Code	Check Number			
Columbus	ОН	43215	8997	* **		
To Whom Paid	M D Y	Amount				
Franklin Park Conservatory			0 5 0 3 1 1	\$9,069.76		
Address	Purpose					
1777 E. Broad Street	Food and	•				
City	State.	Zip Code	Check Number	11.6		
Columbus	ОН	43203	9008	1 1 1 1 1 1 1 1 1		
To Whom Paid	M D Y	Amount				
Sign a Rama	- In		0 5 2 0 1 1	\$73.08		
Address 39 E. Gay Street	Sign	Purpose				
City	State	Zíp Code	Check Number	and the second section with the second		
Columbus	OH	43215	9017	***		
To Whom Paid	On	43213	M D Y	Amount		
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Address	Purpose			.l		
City.	Cuit.	27 - C - 1 -	Check Number	F 4 2		
City	Sta [*] te OH	Zip Code	Check Number	5		
To Whom Paid			M D Y	Amount		
Address	Ршроѕе					
City	State	Zip Code	Check Number			
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To Whom Paid			M D Y _i	Amount		
10 WHOIII FAILE				/ Lindan		
Address	Purpose			<u> </u>		
	l amposs					
City	State	Zip Code	Check Number	and provide the second		
	OH	,		1. The 2.		
To Whom Paid			M D Y	Amount		
			3, 1			
Address	Purpose			<u>. </u>		
	'					
City	State	Zip Code	Check Number) " " " " " " " " " " " " " " " " " " "		
	OH					
	_					

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.

\$9,502.84
Page Total \$ _____