

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 Ross Irvine						M 0	D 4	Y 2	Y 8	Y 1	Y 1	Amount \$360.00
Address 441 E. Town Street; Apt 105				Purpose Entertainment								
City Columbus				State OH	Zip Code 43215		Check Number 8997					
To Whom Paid Franklin Park Conservatory						M 0	D 5	Y 0	Y 3	Y 1	Y 1	Amount \$9,069.76
Address 1777 E. Broad Street				Purpose Food and beverage								
City Columbus				State OH	Zip Code 43203		Check Number 9008					
To Whom Paid Sign a Rama						M 0	D 5	Y 2	Y 0	Y 1	Y 1	Amount \$73.08
Address 39 E. Gay Street				Purpose Sign								
City Columbus				State OH	Zip Code 43215		Check Number 9017					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH	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.

\$9,502.84
Page Total \$