Event Date 8 - 20 - 15	
Page/	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Re-Elect Mike Ebert	<i>f</i>							
Katie Dwisht - Wig Wa	m Re:	staurant	M 08	20	1/5	Amount 00	)	
Name of Committee in Full  Re-Elect Mike Ebert  To Whom Paid  Katie Dwisht - Wig warn Restaurant  M D Y Amount of State								
City Canal Winchester	State 6H	Zip Code 4 3/10	Check I	Number OO	, ,			
To Whom Paid			M	D	Y	Amount		
Address	Purpose		<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>			
City	Sta te	Zip Code	Check Number					
To Whom Paid	<del>'</del>		М	D	Y	Amount		
Address Purpose								
City	State	Zip Code	Check Number					
To Whom Paid	<u> </u>	<u> </u>	М	D	Y	Amount		
Address Purpose								
City	Sta te	Zip Code	Check N	Jumber		-		
To Whom Paid	<u> </u>		М	D	Y	Amount		
Address Purpose								
City	Sta te	Zip Code	Check N	lumber	***			
To Whom Paid		<u> </u>	М	D	Y	Amount		
Address	Purpose		1 .	4	<u> </u>	<b>L</b>		
City	Sta te	Zîp Code	Check N	lumber				
To Whom Paid			M	D	Y	Amount		
Address	Purpose		<u> </u>	<u></u>	<u> </u>	L		
City	State	Zip Code	Check N	lumber				
<u> </u>								

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.

	3
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	7
Page Total \$	70