31-F R.C. 3517.10

Event Date	4-21	-10
Page		

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
To Whom Paid			M	D	Y	Amount		
Address	Purpose	COLUMN TO THE		<u> </u>	<u></u>			
			<u> </u>					
City	State	Zip Code	Check I	Check Number				
To Whom Paid			M	D	Y	Amount		
Address	Purpose	(444)-1		<u> </u>	<u> </u>			
City	State	Zip Code	Check 1	Number	***************************************	•		
To Whom Paid			M	D	Y	Amount		
Address	Purpose	Purpose						
City	State	Zip Code	Check	Check Number				
To Whom Paid			M	D	Y	Amount		
Address	Purpose	Purpose						
City	State	Zip Code	Check	Number				
To Whom Paid			M	D	Y	Amount		
Address	Purpose	Purpose						
City	State	Zip Code	Check	Check Number				
To Whom Paid			M	D	Y	Amount		
Address	Purpose	Purpose						
City	State	Zip Code	Check	Check Number				
To Whom Paid			M	D	Y	Amount		
Address	Purpose	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.