Event Date	6/24/11
Page 7	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

		M D Y	Amount
		0 7 0 5 1 1	\$1,250.00
Purpose	1		
Reimbursemen	t-Catering; 6/2	4 Event	
State Zip	Códe	Check Number	
OH	43123	501	
		M D Y	Amount
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State Zin	Code	Check Number	
1.50	<u> </u>	M D Y	Amount
Рштроѕе			<u> </u>
1 '	p Code	Check Number	
	i	M D Y	Amount
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011		M D Y	Amount
Purpose			<u>, , , , , , , , , , , , , , , , , , , </u>
	p Code	Check Number	
		M D Y	Amount
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1 -		M D Y	Amount
Purpose			
State Z OH	ip Code	Check Number	
	Purpose Purpose Purpose Staj te OH Purpose Staj te Zi OH Purpose Staj te Zi OH Purpose Staj te Zi OH Purpose	Reimbursement-Catering; 6/2 Staite Zip Code OH 43123 Purpose Purpose Purpose Staite Zip Code OH Purpose Purpose Staite Zip Code OH Purpose Staite Zip Code	Purpose Reimbursement-Catering; 6/24 Event State Zip Code Check Number Check Number State Zip Code Check Number Check Numb

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.

\$1,250.00
Page Total \$