

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Dr. Anahi Ortiz							
To Whom Paid Sidebar 122				M	D	Y	Amount
				0	5	2016	\$187.50
Address 122 E. Main St		Purpose Venue deposit					
City Columbus	State OH	Zip Code 43215	Check Number 161				
To Whom Paid Sidebar 122				M	D	Y	Amount
				0	5	2016	\$550.50
Address 122 E. Main St.		Purpose Venue final payment					
City Columbus	State OH	Zip Code 43215	Check Number 162				
To Whom Paid JPS Print				M	D	Y	Amount
				0	5	2016	\$98.12
Address 4242 E. Main St		Purpose Advertising					
City Columbus	State OH	Zip Code 43213	Check Number 163				
To Whom Paid Diana Pagan				M	D	Y	Amount
				0	8	2016	\$150.00
Address 440 Capitol View Dr.		Purpose Event Planner					
City Columbus	State OH	Zip Code 43202	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	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.

\$986.12
Page Total \$