Event Date	10-16-11 4
_	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

		·		_			
Name of Committee in Full							
Friends of Jeff Davis			, , , ,			Т.	
To Whom Paid			M	D	Y	Атоипт	
Rosemary Barkes			1 2	0 6	1 1	<u> </u>	29.63
Address	Purpose						
2903 Buxton Lane		roductS (cups, pla			hous	e	
City	State Zip Code Check Number						
Grove City	OH	43123		7002			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M	D	Υ	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Check Number			
To Whom Paid			М	D	Y	Amount	
				lι		Į.	
Address	Purpose			<u> </u>	! :	•	
City	State	Zip Code	Check N	lumber			
To Whom Paid			М	Ď	Ŷ	Amount	· · · · · · · · · · · · · · · · · · ·
				l i			
Address	Purpose		<u> </u>	<u></u>			
City	State Zip Code			lumber		_	
,	1	Ţ.	ļ				
To Whom Paid	_	<u></u>	М	D	Y	Amount	
Address	Purpose			<u>'-</u>	1 1	.L	
	1						
City	State	Zip Code	Check N	Jumber			-
l cay		Lip deap					
To Whom Paid	<u> </u>		M	D	Y	Amount	·
10 minut and			"	ĺ			
Address	Purpose			<u></u> _		L	
Address	rmpose						
City.	62	Zip Code	Check N	lumbar			
City	State	Zip Code	Check P	- dinoei			
		<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.

Page Total \$	29.63