



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Friends For Perry				
To Whom Paid Kroger		Date (MM/DD/YYYY) 07/11/2019		Amount \$15.36
Street Address 2525 Hilliard-Rome Rd.		Purpose Cookies, cups		
City Hilliard	State Ohio	Zip Code 43026	Check Number	
To Whom Paid Gordon Food Service		Date (MM/DD/YYYY) 07/11/2019		Amount \$11.66
Street Address 1935 Hilliard-Rome Rd.		Purpose plates		
City Hilliard	State Ohio	Zip Code 43026	Check Number	
To Whom Paid Deals Hilliard Oh.		Date (MM/DD/YYYY) 07/11/2019		Amount \$6.45
Street Address 1905 Hilliard-Rome Rd.		Purpose Lemonades, tea		
City Hilliard	State Ohio	Zip Code 43026	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		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.

Page Total \$ 33.47