

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Paul Bingle									
To Whom Paid Kevin Bingle						M	D	Y	Amount
						0	8	2	293.76
Address 3076 Scioto Trace				Purpose Reimburse Campaign Expenses - Office Expenses					
City Hilliard		State O	Zip Code H 43221	Check Number 1031					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount

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.