

Event Date	
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Porter								
To Whom Paid Postmaster					M	D	Y	Amount
					1	0	2	4
					0	5		4,378.14
Address 850 Twin Rivers Dr.		Purpose postage						
City Columbus		State O	H	Zip Code 43215	Check Number 129			
To Whom Paid North End Press					M	D	Y	Amount
					1	0	2	4
					0	5		2,183.86
Address 235 S. Columbus St.		Purpose printing						
City Lancaster		State O	H	Zip Code 43130	Check Number 130			
To Whom Paid Buckeye Printing					M	D	Y	Amount
					1	0	2	6
					0	5		1,030.52
Address 217 N. Grant Ave.		Purpose printing						
City Columbus		State O	H	Zip Code 43215	Check Number 131			
To Whom Paid Hampton Inn & Suites					M	D	Y	Amount
					1	1	0	1
					0	5		279.17
Address 501 N. High St.		Purpose election night room						
City Columbus		State O	H	Zip Code 43215	Check Number 132			
To Whom Paid Tim Woodard					M	D	Y	Amount
					1	1	0	4
					0	5		250.00
Address 1089 Bloxom St.		Purpose election night food						
City Grove City		State O	H	Zip Code 43123	Check Number 133			
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			

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 \$	<u>8,121.69</u>
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