Event Date	10/14/10	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Republican Party							
o Whom Paid			M	D	Y	Amount	
Athletic Club of Columbus	In		1 1	0 4	1 0	\$3,475.36	
136 East Broad St.		Purpose Food					
Dity	Sta te	Zip Code	Check Number				
Columbus	ОН	OH 43215					
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	М	Ď	Y	Amount	
address	Purpose			J	l	<u></u>	
Sity	State State	Zip Code	Check Number				
	OH						
o Whom Paid			М	D	Y	Amount	
Address	Purpose	Mar A	1	ł	<u>t</u>	<u></u>	
City	State	Zip Code	Check Number				
	OH					A STATE OF THE STA	
o Whom Paid			М	D	Y	Amount	
Address ⁷	Purpose	L)			<u> </u>		
City	Sta te OH	Zip Code	Check ?	Check Number			
To Whom Paid	On		М	D	Y	Amount	
Address	Purpose	<u> </u>		1	1	<u>L.</u>	
City	Sta tc	Zip Code	Check 1	Number			
	OH ·						
To Whom Paid		<u></u>	М	D	Y	Amount	
Address	Purpose				1	<u> </u>	
City	Sta te	Zip Code	Check Number				
	ОН						
To Whom Paid	•		М	D	Y	Amount	
Address	Purpose		1	.1	1	<u></u>	
City	Sta te	Zip Code	Check	Check Number			
	ОН						

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.

\$3,475.36
Page Total \$