



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

| | | | | |
|-------------------------------|--|-------------------------------|--------------|----------|
| Full Name of Committee | | | | |
| Fortkamp for UA | | | | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Old Bag of Nails Pub | | 08/06/2019 | | \$460.94 |
| Street Address | | Purpose | | |
| 2102 Tremont Center | | Campaign Kickoff Party - Food | | |
| City | State | Zip Code | Check Number | |
| Columbus | OH <input checked="" type="checkbox"/> | 43221 | | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Dianne Spires | | 08/10/2019 | | \$11.27 |
| Street Address | | Purpose | | |
| 3067 Avalon Rd | | Name Tags & Sharpies | | |
| City | State | Zip Code | Check Number | |
| Columbus | OH <input checked="" type="checkbox"/> | 43221 | 1004 | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| | | | | |
| Street Address | | Purpose | | |
| | | | | |
| City | State | Zip Code | Check Number | |
| | <input checked="" type="checkbox"/> | | | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| | | | | |
| Street Address | | Purpose | | |
| | | | | |
| City | State | Zip Code | Check Number | |
| | <input checked="" type="checkbox"/> | | | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| | | | | |
| Street Address | | Purpose | | |
| | | | | |
| City | State | Zip Code | Check Number | |
| | <input checked="" type="checkbox"/> | | | |

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 \$ 472.21