

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										
To Whom Paid The Athletic Club of Columbus						M 0	D 3	Y 1	Y 1	Amount \$1,704.38
Address 136 E. Broad Street				Purpose Food & Beverage						
City Columbus				State OH	Zip Code 43215		Check Number 8973			
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid						M	D	Y	Amount	
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						

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.

\$1,704.38
Page Total \$ _____