Event Date	2/23/11
Page	2

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			0 3	D 1 4	1 1	Amount \$1,704.38	
Address	Purpose			<u> </u>			
136 E. Broad Street		Food & Beverage					
City	State	· · · · · · · · · · · · · · · · · · ·			Check Number		
Columbus To Whom Paid			8973			Amount	
10 Whom Paid			M		Y	Amount	
Address	Purpose			, '	<u> </u>	#	
City	State	Zip Code	Check N	Check Number		1	
	OH						
To Whom Paid				D	Y	Amount	
Address	Purpose	Ригроѕе					
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Ригроѕе		<u></u>				
City	State OH	Zip Code	Check N	lumber		, A.,	
To Whom Paid			М	D	Y	Amount	
Address	Purpose		_ ·	, ,			
City	State OH	Zip Code	Check Number			*	
To Whom Paid			M	D	Y	Amount	
Address	Purpose				· ' -		
City	State OH	Zip Code	Check 1	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.

\$1,704.38
Page Total \$