Event Date	11/30/10	
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				
To Whom Paid Auld Crafters			1 2 1 3 1 0	Amount \$397.11
Address	Purpose			
175 Cleveland Avenue	Plaques			
City	State	Zip Code	Check Number	
Columbus	ОН	43215	8903	
To Whom Paid	1		M D Y	Amount
The Athletic Club of Columbus			1 2 1 3 1 0	\$5,075.27
Address	Purpose			
136 E. Broad Street	Food & Be	Food & Beverage		
City	Stalte	Zip Code	Check Number	
Columbus	OH	43215		
To Whom Paid	<u> </u>		1 2 2 2 1 0	Amount
Sign-A-Rama	ıma			\$252.25
Address	Purpose			
39 E. Gay Street	Signs			
City	State	Zip Code	Check Number	e .
Columbus	OH	43215	Credit Card	·
To Whom Paid			M D Y	Amount
Address	Purpose			
City	Stajte OH	Zip Code	Check Number	*:
To Whom Paid			M D Y	Amount
Address	Рштроѕе			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid	1		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Атоші
Address	Purpose			
City	State OH	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.

\$5,724.63
Page Total \$