Event Date
Page

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Re- Elect M. Ke Chert To Whom Paid	- Elect	non Night	Porty		
To'Whom Paid King VS			110811	249.16	
Address	Elec.h	on Night	Party		
7470 Hill Road Canal Winchester	DH State	Zip Code V 43/10	Check Number		
Wal-Mart Supercenter 11/08/1/2100					
(d647 Winchester Bl.	Purpose NUHS/	Minks for tou	bles Election	n Party	
Canal Winchester	OH.	Zip Code 43110	Check Number		
To Whom Paid			M. D. Y.	Amount	
Address	Purpose		· · · · · · · · · · · · · · · · · · ·		
City .	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid	<u> </u>		M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid	L <u>.</u>	<u> </u>	M D Y	Amount	
Address	Ршроѕе		<u> </u>		
City	State	Zip Code	Check Number		
To Whom Paid		<u> </u>	M D Y	Amount	
Address	Purpose			<u></u>	
City	State	Zip Code	Check Number	The state of the s	
والمراجع					

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.

