Event Date	7-19-15
Page	<u>t</u>

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect Mike Ebers	+			
Name of Committee in Full Ke-Elect Mike Ebers To Whom Paid Lingys Pizza Address		\ 	07/9/5	Amount 21/ 530/XX
Address 7470 I Fill Rd City Canal Winduste	Furnose	user dinner Zip Code 43/10		
City Canal Wincheste	O H	Zip Code 43/10	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		· · · · · ·	
City	Sta te	Zip Code	Check Number	
To Whom Paid	,		M D Y	Amount
Address	Purpose	-		
City	Sta to	Zip Code	Check Number	
To Whom Paid	* · · · · · · · · · · · · · · · · · · ·		M D Y	Amount
Address	Purpose		1 . 3 . 1 . 1	<u> </u>
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	Sta te	Zip Code	Check Number	
To Whom Paid	•		M D Y	Amount
Address	Purpose			
City	Sta te	Zip Code	Check Number	
To Whom Paid	M D Y	Amount		
Address	Purpose		<u> </u>	
City	Sta te	Zip Code	Check Number	
		1		

. 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 \$ 530°