Event Date	6/19/13
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						-	
Franklin County Libertarian Pa	rtv						
To Whom Paid	<u>y</u>		M	D	Y	Amount	
Levels				1 9			217.80
Address	Purpose		1010	1117	1110	<u> </u>	=17.00
700 N High Street		cility/Food and I	Drink				:
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Columbus	ОН						
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	ls.					<u> </u>	 -
Address	Purpose						
0		7:	(712.3	.T			
City	State	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.

Page Total \$ 217.80