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			Page

## **Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Lori Am Fei	bel_					
Jonathan B Feibel			09	26	17	Amount 1,114.36
Jonathan B Feibel Address 218 N. Parkview Ave	Purpose	burse for came	rai'n	ev	ent	catering
Bexley	Sta te OH	burse for camp Zip Code 43209	Check	Number 203		
Jonathan B. Feibel			M	0 8	77	Amount 979.28
Jonathan B. Feibel Address 218 N. Parkview Ave City	Purpose Nel m6	urse for campa	ign	ever	A 6	
City Bex/en	State OH	urse for campa Zip Code 43209	Check I	Number 09	•	
To Whom Paid /			М	D	Y.	Amount
Address	Purpose		<del></del>	<u> </u>	<u> </u>	<b></b>
City	Sta te	Zip Code	Check Number			
To Whom Paid		<u> </u>	М	D	Y	Amount
Address	Purpose	<del>, , , , , , , , , , , , , , , , , , , </del>	l	ـــــــ	<u> </u>	<u></u>
City	State OH	Zip Code	Check Number			
To Whom Paid	On	<del></del>	М	D	Υ;	Amount
Address	Purpose	<del></del>		1	L	L
City	State OH	Zip Code	Check Number			
To Whom Paid	1011		М	D.	Y	Amount
Address	Purpose			1	<u> </u>	<u> </u>
City	Sta te	Zip Code	Code Check Number			
To Whom Paid	ОН		М	D	Y	Amount
Address	Purpose			1	L	<u> </u>
City	State Zip Code Check Number					
<u> </u>	ОН					

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.

2093.64 Page Total \$\_\_\_\_\_