Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full			p						
Name of Committee in Full	Post.	ad 110	1K	_					
Name of Committee in Full FRIENDS OF DE. JAN To Whom Paid, Ook and Dagger Address	The state of the s					M D Y Amount () 4 6 1 6 8 1500.00			
Address 1048 Mase Rd	Purpose	Ne							
City Columbus	Purpose FUNDARISER State O H 43215			Check Number					
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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 \$ /50 0.00