

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <u>FRIENDS OF DR. JAN COENINK</u>									
To Whom Paid <u>Clock and Dagger</u>						M	D	Y	Amount <u>1500.00</u>
Address <u>1048 Mause Rd</u>						Purpose <u>FUNDRAISER DEPOSIT</u>			
City <u>Columbus</u>						State <u>OH</u>	Zip Code <u>43215</u>	Check Number <u>Debit</u>	
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						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						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						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check 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 \$ 1500.00