

Event Date 3/31/09

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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Ginther								
To Whom Paid United States Post Office					M 0 3	D 0 3	Y 0 9	Amount 420.00
Address		Purpose Postage						
City Columbus		State O H	Zip Code 43212		Check Number DC			
To Whom Paid Due Amici					M 0 3	D 3 1	Y 0 9	Amount 1,157.40
Address 67 E. Gay Street		Purpose Food and drinks						
City Columbus		State O H	Zip Code 43215		Check Number DC			
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 \$ 1,577.40