

Date 12-09-17	Page 1 of 2
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Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee					
Friends OF Alis	ena	Swe	ord	Amount # 10/0.41 - The Cavidate Amount	
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Walmart			10/31/2017	# 106.41	
Street Address	Purpose		· ((
7730 Sawmill Rd. City Columbus	50	ocial Ev	ENT MEET	- the Cavidate	
City	State	Zip Code	Check Number		
Columbus	OH	43016	DEDIT		
To Whom Paid		•	Date (MM/DD/YYYY)	Amount	
Street Address	Purpose				
City	State	Zip Code	Check Number		
•					
To Whom Paid	<u> </u>	<u> </u>	D-4- (444/DD00000	Amount	
10 Whom Faid			Date (MM/DD/YYYY)	Amount	
	···				
Street Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid		•	Date (MM/DD/YYYY)	Amount	
Street Address Purpose					
City	State	Zip Code	Check Number		
City	State	Lip Code	Check Number		
	<u> </u>				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Street Address	Purpose				
City	State	Zip Code	Check Number		
<u> </u>	<u> </u>		L		

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.