

Event Date	8/6/08
Page	1

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <i>Friends of Dr. Jan Gornick</i>									
To Whom Paid <i>Bar Louie</i>						M	D	Y	Amount <i>162.10</i>
Address <i>504 N. Park St</i>						Purpose <i>Food + Beverage</i>			
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>	
Check Number <i>Debit</i>									
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 \$	<i>162.10</i> <i>0.00</i>
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