31 - F				
R.C. 3517.10				

Event Date	2/18/10
Page	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

		MANUAL PROPERTY AND ADDRESS OF THE PARTY OF	<u> </u>	Antonio amproprio de la composició de la c	***************************************	***************************************	
Name of Committee in Full							2
Friends for Ginther		***************************************	1		T V	I Amount	×
To Whom Paid			M	D	1	Amount	4 000 00
Zuppa Catering	- In		0 2	1 8	1 0		1,357.58
Address	Purpose						
580 N. 4th Street		beverages	Ta: -	Lance of			
City	State	Zip Code	Check Number				
Columbus	0 H	43214		DC	7	A rea	
To Whom Paid			М	D	1	Amount	/00.0/
Coleman for Columbus	Tn		0 2	1213	1 0	<u></u>	602.36
Address	Purpose						
550 E. Walnut		e for postage	Ch1 ·	Jumb -			
City	State	Zip Code	Check N				
Columbus	0 H	43215		1635	manuscript and the second	Amount	
To Whom Paid			M O 3	D	1 10	Amount	110 /
Rory McGuiness	In		0 3	0 7	1 0	<u> </u>	142.67
Address	Purpose						
1239 Lake Shore Dr Apt. B	reimbursement for alcohol State Zip Code Check Number						
City	State	Zip Code	CHECK I	Number 1637			
Columbus	ОН	43204	М	1.037	ΙΥ	Amount	
To Whom Paid			ĮVI		41.0000000	Amount	
Address	Purpose						
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City	State	Zip Code	Check I	Number			
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City	State	Zip Code	Check	Number			
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City	State	Zip Code	Check	Number			
		***************************************			ombosom minimum	-	
To Whom Paid M D Y Amount							
	-1-					<u> </u>	
Address	Purpose						
		7:- 0	10.	Ni			
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 \$	2,102.61