31-F R.C. 3517.10

| Event Date | 5-20-09 |
|------------|---------|
| Page       | 1.2000  |

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|  | CANAL TO THE RESIDENCE AND ADDRESS OF THE PERSON OF THE PE |                                       | 4×200001140007400  | AND ASSESSED BY THE OWNER, THE OW | reconstante no money                   |  |  |  |
|--|--|---------------------------------------|--|--|--|--|--|--|
| Name of Committee in Full  |  |                                       |  |  |  |  |  |  |
|  |  |                                       | 1 1  | D  | Y                                      | Amount   |  |  |
| To Whom Paid   |  |                                       | M  | A:V  | <u> 19</u>                             | 9  |  |  |
| Joseph Healu   |  |                                       | 015  | U0   | UII                                    | 120.63   |  |  |
| Address  | Purpose  | W i                                   | . 6 6  | - 6 .  |  | Or it is   |  |  |
| 121 Bulen Ave.   | Keemb  | urse Michae<br>Zip Code               |  | <u> </u>   | <u>50r</u>                             | i Printing   |  |  |
| City   | State  | Zip Code                              | Check N  | umber  |  |  |  |  |
| Columbus   | DOIH   |                                       |  | XD Y   |  |  |  |  |
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| Joseph Healy   |  |                                       | 05   | 09   | 09                                     | <u> </u>   |  |  |
| Address  | Purpose  |                                       |  |  |  |  |  |  |
| 721 Bulen Ave.   | Posta  | ge Fundrai                            | Ser  |  |  |  |  |  |
| City   | State  | Zip Code                              | Check N  | lumber   |  |  |  |  |
| Columbus   | 0.1-1  | 4320S                                 |  | 05   | •                                      |  |  |  |
| To Whom Paid   |  |                                       | M  | D  |  | Amount   |  |  |
| The Vnotte Pine  | Resta  | urant                                 | 05   | 27   | 09                                     | <i>275.00</i>  |  |  |
| Address Address  | Purpose  | 010                                   |  | J  | J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2  |  |  |
| 1765 W. Third Ave.   |  |                                       |  |  |  |  |  |  |
| City   | State  | Zip Code                              | Check N  | lumber   |  |  |  |  |
| Grand view   | OH   |                                       |  | 00/  | >                                      |  |  |  |
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| to whom raid   |  |                                       |  |  |  | that because the same of the s |  |  |
| 4.33   | Purpose  |                                       |  | <u> </u>   | 1                                      | <u> </u>   |  |  |
| Address  |  |                                       |  |  |  |  |  |  |
|  | State  | Zíp Code                              | Check N  | Vuinber  |  |  |  |  |
| City   |  |                                       |  |  |  |  |  |  |
|  |  |                                       | M  | l D  | Y                                      | Amount   |  |  |
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| Address  | Purpose  |                                       |  |  |  |  |  |  |
|  | Carre  | Tri- Code                             | Check I  | Vumher   | ············                           |  |  |  |
| City   | State  | Zip Code                              | Check  | vamoer   |  |  |  |  |
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| To Whom Paid   |  |                                       | IV.  |  | 1                                      | Amount   |  |  |
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| Address  | Purpose  |                                       |  |  |  |  |  |  |
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| City   | State  | Zip Code                              | Check  | Number   |  |  |  |  |
| Errocopies   |  |                                       |  | onicados managanistas es   | nagonomon estillativati                |  |  |  |
| To Whom Paid   |  |                                       | M  | D  | Y                                      | Amount   |  |  |
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| Address  | Purpose  |                                       |  |  |  |  |  |  |
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|  |  |                                       | necesymmetric market and the contract of the c | nest the board or manager  |  | 200-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-   |  |  |

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

Page Total S 2000