

6/10/15

1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 201

Name of Committee in Full Friends of Debbie Dunlap							
To Whom Paid Debbie Dunlap				M 0 6	D 2 3	Y 1 5	Amount \$545.78
Address 9140 McMahon Ct		Purpose fundraiser at Prost Ber and Wine Cafe					
City Reynoldsburg		State OH	Zip Code 43068		Check Number 1010		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code		Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	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.

\$545.78
Page Total \$