



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee <i>Friends of Sarah Ackman</i>				
To Whom Paid <i>Market District Kitchen & Bar</i>		Date (MM/DD/YYYY) <i>09/12/2019</i>		Amount <i>\$150.50</i>
Street Address <i>2250 E. Main St.</i>		Purpose <i>Fundraiser</i>		
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	Check Number <i>Debit Card</i>	
To Whom Paid		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	
To Whom Paid		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	

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 \$ 150.50