

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF RAMONA REYES</b>							
To Whom Paid <b>STAPLES</b>				M <b>0</b>	D <b>9</b>	Y <b>13</b>	Amount <b>25.71</b>
Address <b>1747 OLETANEY RIVER RD</b>		Purpose <b>CAMPBIGN SUPPLIES</b>					
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43212</b>	Check Number <b>N/A (CA)</b>				
To Whom Paid <b>KROGER</b>				M <b>0</b>	D <b>9</b>	Y <b>13</b>	Amount <b>17.19</b>
Address <b>150 W. SYCAMORE</b>		Purpose <b>FUND RAISER ITEMS</b>					
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43206</b>	Check Number <b>N/A (CA)</b>				
To Whom Paid <b>AZTECA CATERING</b>				M <b>0</b>	D <b>9</b>	Y <b>13</b>	Amount <b>60.00</b>
Address <b>104 S. ALGONQUIN AVE</b>		Purpose <b>FOOD FOR FUND RAISER</b>					
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43204</b>	Check Number <b>N/A (CA)</b>				
To Whom Paid <b>D'ANGELO'S</b>				M <b>0</b>	D <b>9</b>	Y <b>13</b>	Amount <b>52.50</b>
Address <b>3197 PAYDAY LN</b>		Purpose <b>FOOD FOR FUNDRAISER</b>					
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43232</b>	Check Number <b>N/A (CA)</b>				
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.