

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Ginther							
To Whom Paid Bar Louie				M 0	D 5	Y 11	Amount 500.00
Address 504 Park Street		Purpose Food and beverages					
City Columbus		State O   H	Zip Code 43215	Check Number DC			
To Whom Paid Coleman for Columbus				M 0	D 6	Y 01	Amount 503.80
Address 550 E. Walnut		Purpose reimburse for postage					
City Columbus		State O   H	Zip Code 43215	Check Number 1705			
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			
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.

Page Total \$ 1,003.80