

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Chris Valentine											
To Whom Paid Cliff Valentine						M 1	D 1	Y 3	Y 0	Y 7	Amount \$684.80
Address 7863 Cook Road				Purpose LaScala Restaurant charge for food and beverage plus tip							
City Plain City				State OH	Zip Code 43064		Check Number 1003				
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.