3	1	-F	
R.	C.	351	7.10

Event Date	10/24/07
Page 8	<u></u>

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		i	M D Y	Amount	
Cliff Valentine			1 1 3 0 0 7	\$684.80	
Address	Purpose		1 - 1 -		
7863 Cook Road	LaScala Res	straurant charge for food a	nd beverage plus ti	ip	
City	State	Zip Code	Check Number		
Plain City	ОН	43064	1003		
To Whom Paid	•	1	M D Y	Amount	
Address	Purpose				
•					
City	State	Zip Code	Check Number		
	ОН				
To Whom Paid		I	M D Y	Amount	
Address	Purpose				
City	Sta te	Zip Code	Check Number		
	ОН				
To Whom Paid		·	M D Y	Amount	
Address	Purpose		· · · · · · · · · · · · · · · · · · ·		
City	State OH	Zip Code	Check Number		
To Whom Paid	011	ļ.	! М D Y _!	Amount	
10 wildii raid			AMBRIM		
Address	Purpose				
City	State	Zip Code	Check Number		
	ОН				
To Whom Paid		M D Y	Amount		
Address	Purpose		1	<u> </u>	
				+	
City	State	Zip Code	Check Number		
	он і				
To Whom Paid		M D Y	Amount		
Address	Purpose		1	-	
City	State	Zip Code	Check Number		
	ОН				

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.

\$684.80 Page Total \$____