

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Joe Erb</b>												
To Whom Paid <b>Spread Eagle Tavern</b>						M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$1,250.23</b>
Address <b>10150 Historic Plymouth Street</b>				Purpose <b>Fundraiser</b>								
City <b>Hanoverton</b>				State <b>OH</b>	Zip Code <b>44423</b>		Check Number <b>NA</b>					
To Whom Paid <b>Giant Eagle Hilliard</b>						M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$75.21</b>
Address <b>4001 Britton Pkwy</b>				Purpose <b>Fundraiser Supplies</b>								
City <b>Hilliard</b>				State <b>OH</b>	Zip Code <b>43026</b>		Check Number <b>NA</b>					
To Whom Paid <b>The Goat Hilliard</b>						M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$520.00</b>
Address <b>4265 Brooklands Drive</b>				Purpose <b>Fundraiser</b>								
City <b>Hilliard</b>				State <b>OH</b>	Zip Code <b>43026</b>		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State <b>OH</b>	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State <b>OH</b>	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State <b>OH</b>	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State <b>OH</b>	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.

**\$1,845.44**  
Page Total \$ \_\_\_\_\_