

Event Date #####

Page _____

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 Hannah Colby					M 1	D 1	Y 5	Amount 237.60
Address 7475 Bardston Dr.		Purpose Postage						
City Dublin		State O	H H	Zip Code 43017	Check Number 1711			
To Whom Paid Due Amici					M 1	D 1	Y 9	Amount 250.00
Address 67 East Gay St.		Purpose Facilities rental						
City Columbus		State O	H H	Zip Code 43215	Check Number 1713			
To Whom Paid Due Amici					M 1	D 2	Y 0	Amount 696.19
Address 67 E. Gay Street		Purpose Food and drink						
City Columbus		State O	H H	Zip Code 43215	Check Number DC			
To Whom Paid					M 1	D 1	Y 1	Amount
Address		Purpose						
City		State 1		Zip Code	Check Number			
To Whom Paid					M 1	D 1	Y 1	Amount
Address		Purpose						
City		State 1		Zip Code	Check Number			
To Whom Paid					M 1	D 1	Y 1	Amount
Address		Purpose						
City		State 1		Zip Code	Check Number			
To Whom Paid					M 1	D 1	Y 1	Amount
Address		Purpose						
City		State 1		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 \$ **1,183.79**