3	1.	-F	
R.	C.	351	7.10

1 cent Date 8/9/17
Page _____

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Lori Arm Fer	ibel				<u> </u>		
Janathan B Feibel				09	26	17	Amount / 114.36
Name of Committee in Full Friends of Lori Arm Fel To Whom Paid Janathan B Feibel Address 218 N. Parkview Ave City	Purpose	burse.	For campai	in	en	ent	catering
CityBexley	Sta te Zip Code 7			M D Y Amount Check Number 1003 M D Y Amount Amount Cafering Check Number 1003			
To Whom Paid /				M	D	Y	Amount
Address	Purpose			<u>. </u>		<u> </u>	
City	Sta te OH		Check Number				
To Whom Paid				M	D	Y	Amount
Address	Purpose			<u> </u>	<u> </u>	L	I
City	State OH		Check Number				
To Whom Paid	1011			M	D	Y	Amount
Address	Purpose			1		<u> </u>	<u> </u>
City	Sta te	Zip Code		Check Number			
To Whom Paid				M	D	Y	Amount
Address	Purpose			1		l	J
City	Sta te	Zip Code		Check Number			
To Whom Paid				M.	D.	Y	Amount
Address	Purpose			1		1	
City	Sta te Zip Code			Check Number			
To Whom Paid	OH	l		М	D	Y	Amount
Address	Purpose			1	_l	<u> </u>	
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.

///*4.36* \$0.00 Page Total \$_____