

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of McGivern									
To Whom Paid American Strategies, LLC						M	D	Y	Amount 249.61
Address 41 S. High Street, Suite 1275						Purpose Printing & Postage			
City Columbus						State O H		Zip Code 43215	Check Number 1001
To Whom Paid Capital Club						M	D	Y	Amount 116.49
Address 41 S. High Street						Purpose Food/beverages			
City Columbus						State O H		Zip Code 43215	Check Number 1005
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
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.