Event Date	04/02/09
Page	_6

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Section of the sectio		Months (Marie Marie Mari	siawamin sian anno aina asiwawiwi w	MANAGEMENT AND ADDRESS OF THE PARTY OF THE P	Assessment of the Particular o	CONTRACTOR OF THE PERSON OF TH	**************************************		
Name of Committee in Full									
Friends of McGivern				1/	T 1/	1 A			
To Whom Paid			M	D	1 . 1	Amount	240.71		
American Strategies, LLC	D		0 4	2 2	0 9	I	249.61		
Address		Purpose							
41 S. High Street, Suite 1275	Printing	Printing & Postage State Zip Code Check Number							
Columbus						- Tab			
Columbus To Whom Paid	OH	43413	М	1001	Y	Amount			
			$\begin{vmatrix} \mathbf{n} \\ 0 \end{vmatrix} 4$	1	1 1		116.49		
Capital Club	Purpose		10 4	1419	10 7	<b></b>	110.45		
R .	1 '	- <del> </del>							
41 S. High Street	State	Food/beverages   State   Zip Code   Check Number							
Columbus	ОН	1		1005					
To Whom Paid			М	D	Y	Amount			
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Address Purpose						<b>8</b>			
City	State	Zip Code	Check N	lumber					
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To Whom Paid			M	D	Y	Amount			
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Address	Purpose								
Q.,		7:- C- 3:	10: 1:	Inc.					
City	State	Zip Code	Check I	Check Number					
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Address	Purpose								
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20 mioni and			"	1					
Address	Purpose				1	<u> </u>			
. 122. 350	1 2000								
City	State	Zip Code	Check ?	Number	<del></del>				
		1							

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 \$366.10_	
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