

## 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				M		D	Γ	Y	Amount	
MoJoe Lounge					0	$1 \mid 6$		7		400.00
Address	Purpose									
600 N. High St.	Fundra	ise	r							
City	State	Zip Code	Check Number							
Columbus	o   1	1510								
To Whom Paid			43201	М		D	Т	Y	Amount	
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Address	Purpose									
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City	State	State Zip Code				Check Number				
To Whom Paid				М		Đ	Τ	Y	Amount	
Address	Purpose									
City	State	State Zip Code				umber				
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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.