

Event Date	<u>10/16/07</u>
Page	<u>1</u>

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 MoJoe Lounge					M	D	Y	Amount
					1	0	1	400.00
Address 600 N. High St.		Purpose Fundraiser						
City Columbus		State O	H	Zip Code 43201	Check Number 1510			
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			
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

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 \$	<u>400.00</u>
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