

Event Date	_____
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Friends of Jim Reese								
To Whom Paid					M	D	Y	Amount
Mi Tradicion					0	3	2	550.00
Address		Purpose						
111 N Stvgler Rd		Event Expense						
City		State	Zip Code	Check Number				
Gahanna		O H	43230	1052				
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				

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 \$	550.00
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