

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Marilyn Brown								
To Whom Paid Spice Lounge					M 0	D 5	Y 0	Amount 339.00
Address 491 N Park		Purpose Catering						
City Columbus		State O	H H	Zip Code 43215	Check Number 1004			
To Whom Paid					M 0	D 5	Y 0	Amount 339.00
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State	H	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.