

|            |                  |
|------------|------------------|
| Event Date | <u>7/17/2015</u> |
| Page       | <u>15</u>        |

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|                                                              |  |                                           |                          |                                           |                        |
|--------------------------------------------------------------|--|-------------------------------------------|--------------------------|-------------------------------------------|------------------------|
| Name of Committee in Full<br><b>Friends of Sean McMullen</b> |  |                                           |                          |                                           |                        |
| To Whom Paid<br><b>Citizens for Kristin Bryant</b>           |  |                                           |                          | M   D   Y<br><b>0   7   2   5   1   5</b> | Amount<br><b>75.00</b> |
| Address<br><b>PO Box 1523</b>                                |  | Purpose<br><b></b>                        |                          |                                           |                        |
| City<br><b>Reynoldsburg</b>                                  |  | State<br><b>O   H</b>                     | Zip Code<br><b>43068</b> | Check Number<br><b>102</b>                |                        |
| To Whom Paid<br><b>Party City</b>                            |  |                                           |                          | M   D   Y<br><b>0   8   1   2   1   5</b> | Amount<br><b>37.65</b> |
| Address<br><b>10701 Blacklick Eastern Road</b>               |  | Purpose<br><b>Supplies for Fundraiser</b> |                          |                                           |                        |
| City<br><b>Pickerington</b>                                  |  | State<br><b>O   H</b>                     | Zip Code<br><b>43147</b> | Check Number<br><b></b>                   |                        |
| To Whom Paid<br><b></b>                                      |  |                                           |                          | M   D   Y<br><b></b>                      | Amount<br><b></b>      |
| Address<br><b></b>                                           |  | Purpose<br><b></b>                        |                          |                                           |                        |
| City<br><b></b>                                              |  | State<br><b></b>                          | Zip Code<br><b></b>      | Check Number<br><b></b>                   |                        |
| To Whom Paid<br><b></b>                                      |  |                                           |                          | M   D   Y<br><b></b>                      | Amount<br><b></b>      |
| Address<br><b></b>                                           |  | Purpose<br><b></b>                        |                          |                                           |                        |
| City<br><b></b>                                              |  | State<br><b></b>                          | Zip Code<br><b></b>      | Check Number<br><b></b>                   |                        |
| To Whom Paid<br><b></b>                                      |  |                                           |                          | M   D   Y<br><b></b>                      | Amount<br><b></b>      |
| Address<br><b></b>                                           |  | Purpose<br><b></b>                        |                          |                                           |                        |
| City<br><b></b>                                              |  | State<br><b></b>                          | Zip Code<br><b></b>      | Check Number<br><b></b>                   |                        |
| To Whom Paid<br><b></b>                                      |  |                                           |                          | M   D   Y<br><b></b>                      | Amount<br><b></b>      |
| Address<br><b></b>                                           |  | Purpose<br><b></b>                        |                          |                                           |                        |
| City<br><b></b>                                              |  | State<br><b></b>                          | Zip Code<br><b></b>      | Check Number<br><b></b>                   |                        |

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>112.65</u> |
|---------------|---------------|