Event Date	9/14/10	
Page 3		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Republican Party						
To Whom Paid		<del></del>	М	D	Y	Amount
Eric Nordman			1 0	1 1	1 0	\$177.17
Address	Purpose					
96 East College Ave., Ste. A	reimburse	reimburse rental van				
City	State	Zip Code	Check Number			T. 12.12 18.25
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City	OH State	z.ip code	Check Number			
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Address	Purpose			1	<u> </u>	<u> </u>
		le: a l				
City	State OH	Zip Code	Check	Number		
L		1				

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.

\$177.17
Page Total \$ \_\_\_\_