



Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

Full Name of Committee							
Friends of Sharon	$-\omega$	Ketter					
To Whom Paid		Date (MM/DD/YYYY)	Amo				
Shades on the Cana	d		10/16/1-1	6	5700.		
Street Address	Purpose		/				
19 S. Hegh St. City Canal Winchester	Fun	draiser f	or Campaogn Check Number)			
City	State	Zip Code	Check Number		were was a		
Caral Winchester	ОН	43110	105				
To Whom Paid			Date (MM/DD/YYYY)	Amo			
Misc. desserts - Cash -	lost,	receipts	10/16/17		300		
Street Address	Pumose			`			
	Fu	ndraise	V for Camp	aigs	\sim		
City	State	Zip Code	Check Number	0	Jan etti etti e		
	ОН						
To Whom Paid	<u></u>	<u> </u>	Date (MM/DD/YYYY)	Amo	unt		
Street Address	Purpose	Purpose					
City	State	Zip Code	Check Number				
	ОН						
To Whom Paid	· l · 		Date (MM/DD/YYYY)	Amo	ount		
Street Address	Purpose						
City	State	Zip Code	Check Number				
	ОН						
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	Amo			
Street Address	Purpose						
City	State	Zip Code	Check Number				
	ОН						
	1	1			Participation of the Participa		

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 \$ /07 20		
	Page Total \$ /07 20	