

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Neal Whitman												
To Whom Paid Kroger						M	D	Y	Amount			
						0	8	1	1	1	5	\$32.63
Address 7000 East Broad				Purpose Dry Ice for Ice Cream Social								
City Columbus		State OH		Zip Code 43213		Check Number		Check Debit Card				
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address												
City				State		Zip Code		Check Number				
				OH								

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.