



# Statement of Expenditures for Social or Fund-Raising Event

Form 31-F

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Neal Whitman				
To Whom Paid Columbus Metro Parks		Date (MM/DD/YYYY) 08/26/2019		Amount 100.00
Street Address 6975 E. Livingston Ave		Purpose Shelter Reservation fundraiser		
City Reynoldsburg	State OH	Zip Code 43068	Check Number Debit Card	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	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.

Page Total \$ 100.00