

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends for Ginther							
To Whom Paid Zuppa Catering				M	D	Y	Amount
				0	2	18	1,357.58
Address 580 N. 4th Street		Purpose Food and beverages					
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43214	Check Number DC			
To Whom Paid Coleman for Columbus				M	D	Y	Amount
				0	2	23	602.36
Address 550 E. Walnut		Purpose reimburse for postage					
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Check Number 1635			
To Whom Paid Rory McGuiness				M	D	Y	Amount
				0	3	07	142.67
Address 1239 Lake Shore Dr Apt. B		Purpose reimbursement for alcohol					
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43204	Check Number 1637			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
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.