Event Date 1	0/13/49_
Page	B 18

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				eronanten haberralen era	manada kalanga kanlanda pendapunta	
Name of Committee in Full Heart F	Erker	S				
To Whom Paid Walov Foley			M	13	Ø 9	Amount
Address 2673 Rinaldi Dr	Purpose	hotography	T		-	
Columbus	State OH	hotography Zip Coite 13219	Check N 55			
To Whom Paid RISE Investments			M	D [3	у ф9	Amount 500°
Address 2906 Ironstone Dr	Purpose Bulo		į.			
Columbus	State OH	Zip Code 43 a 31	Check N		elección de la constitución de l	
To Whom Paid A bya Perlans			Тф	D	у Ф9	Amount 48-38
Address 3157 Zach Ct City Columbus		aburgment. Kron	W.		r upt	
Columbus	Sta te OH	Zip Code 43219	Check N			
To Whom Paid			M	D	Υ	Amount
Address	Purpose					
City .	State OH	Zip Code	Check N	umber		
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	Sta te OH	Zip Code	Check N	umber		
To Whom Paid			М	D	Y	Amount
Address	Ригроѕе					5
City	State OH	Zip Code	Check N	umber		
To Whom Paid			М	D)	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check N	umber		
			***************************************	(ACCUSED NAMED AND ASSOCIATION	(m)ocresmonia	

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.

\$ 648-38 Page Total \$ _____