

Dat 06/30/2018 Page 2

## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee				
Schottke for GC				
To Whom Paid			Date (MM/DD/YYYY)	Amount
Schottke for GC  To Whom Paid  City BAR begue  Street Address  27 6/ Story fown Rd  City  Corone City  To Whom Paid			06/30/2018	26.99
Street Address	Purpose	^		
226/ Storiustown Rd Food				
City	State	Zip Code	Check Number	0
GROVE City &	PH	43123	Debit CARU	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State	Zip Code	Check Number	98
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	······································		
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid	<del></del>		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		1	
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 \$ 26,99