Event Date	10/16/09
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

					7		
Name of Committee in Full THE ELECT STEVEN M BENNETT CC	DMMITTEE						
To Whom Paid			M	O Y	Amount		
GFS			1 0 1	6 0 9	\$54.25		
Address 1464 STRINGTOWN RD	Purpose FUNDRAIS	SER FOOD & BEVE					
City	State	Zip Code		Check Number			
GROVE CITY	OH	43123	1017				
To Whom Paid					Amount		
WALMART	1 0 1	6 0 9	\$47.72				
Address 1693 STRINGTOWN RD		Purpose FUNDRAISER FOOD & BEVERAGES					
City	Sta te	Zip Code	Check Number				
GROVE CITY	ОН	43123	1019	1019			
To Whom Paid			M	D Y	Amount		
Address	Durage			<u> </u>			
Address	Fulpose	Purpose					
City	Sta te	Zip Code	Check Number				
	OH						
To Whom Paid	M	D Y	Amount				
Address	Purpose						
City	Sta te	Zip Code	Check Num	Check Number			
	OH						
To Whom Paid				D Y	Amount		
Address	Purpose						
City	Sta te	Zip Code	Check Num	ber			
To Whom Paid	OH		I M I	D Y	Amount		
10 Whom Paid			iVI .		Amount		
Address	Purpose						
City	Sta te	Zip Cođe	Check Num	Check Number			
To Whom Paid	OH		M	D Y	Amount		
Address	Purpose	Purpose		- 1			
City	Sta te OH	Zip Code	Check Num	ber			
	JOH						

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.

\$101.97
Page Total \$ _____