Event Date	9/29/15	,
Page 3		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Euli				
Name of Committee in Full RE-Elect We	steam	P. MAYOR		·
Birch TAVERN			0929 y	Amount 300,00
Address 639 Main St.	Purpose Fu	Ndraiser		
Cir Groveport	State	Zip Code 43125	Check Number	
To Whom Paid L, He Italy			2	200,00
To Whom Paid Little Italy Address 619 MAIN St. City Groveport		draiser	09 29 15	
Ciry Grovefort	State DK	Zip Code 43125	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		•	
City	Sta te	Zip Code	Check Number	
To Whom Paid	'		M D Y	Amount
Address	Purpose			, <u> </u>
Сііу	Sta tc	Zip Code	Check Number	
To Whom Paid	<u></u>	<u> </u>	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u>. I </u>		M D Y	Amount
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid		<u> </u>	M D Y	Amount
Address	Purpose			
City	Sta te	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.