3	1	-F	
R	c	3517	10

Event Date	8/30/16	
Page 1		

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

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Ted Berry					
To Whom Paid Walmart			0 8 2 8 1 6	Amount \$65.28	
Address 1693 Stringtown Rd	Purpose Beverages				
City Grove City	Stajte OH	Zip Code 43123	Check Number Debit Card		
To Whom Paid Donatos			M D Y 0 8 3 0 1 6	Amount \$220.00	
Address 2233 Stringtown Rd	Purpose Pizza for F	undraiser		- <b>I</b>	
City Grove City	State OH	Zip Code 43123	Check Number		
To Whom Paid		·	M D Y	Amount	
Address	Purpose		1 1 1 1 1 1 1	- ■	
City	State OH	Zip Code	Check Number		
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	M D Y	Amount	
Address	Purpose				
City:	State OH	Zip Code	Check Number		
To Whom Paid	·		M D Y	Amount	
Address	Purpose				
City	State OH	Zíp Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose		<u>, , , , , , , , , , , , , , , , , , , </u>	-1	
City	State OH	Zíp Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose		· · · · · · · · · · · · · · · · · · ·		
City	State OH	Zip Code	Check Number	t	

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.

\$285.28
Page Total \$ \_\_\_\_