

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Baker for the Board</b>									
To Whom Paid <b>Encore Ensembles</b>						M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>300.00</b>
Address <b>65 St. Rte. 56 SW</b>			Purpose <b>Musical entertainment for event</b>						
City <b>London</b>			State <b>O</b>	Zip Code <b>H 43140</b>	Check Number <b>1007</b>				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
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.