

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full							
TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER							
To Whom Paid				M	D	Y	Amount
GFS				10	08	11	137.77
Address	1464 Stringtown Rd			Purpose Food etc for fundraiser			
City	State	Zip Code	Check Number				
Grove City	OH	43123	1007				
To Whom Paid				M	D	Y	Amount
Postmaster				10	01	11	43.50
Address	Stringtown Rd			Purpose Stamps for fundraiser invitations			
City	State	Zip Code	Check Number				
Grove City	OH	43123	1005				
To Whom Paid				M	D	Y	Amount
Staples				09	28	11	36.27
Address	1739 Stringtown			Purpose Card stock, ink, paper			
City	State	Zip Code	Check Number				
Grove City	OH	43123	1004				
To Whom Paid				M	D	Y	Amount
Staples				09	28	11	57.63
Address	1739 Stringtown Rd			Purpose Printer ink			
City	State	Zip Code	Check Number				
Grove City	OH	43123	1002				
To Whom Paid				M	D	Y	Amount
Staples				09	28	11	5.76
Address	1739 Stringtown Rd			Purpose Card stock			
City	State	Zip Code	Check Number				
Grove City	OH	43123	1003				
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City	State	Zip Code	Check Number				
	OH						

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.