

Event Date 4/1/2010

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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee To Elect Mike Shannon								
To Whom Paid Citizens To Retain Hood					M 0	D 4	Y 1	Amount 339.10
Address 8388 Lucerne Drive		Purpose reimburse 1/2 fundraiser expenses						
City Reynoldsburg	State O	H H	Zip Code 43068	Check Number 3008				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	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.

Page Total \$ 339.10