

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Moncman for Grove City Council</u>									
To Whom Paid <u>JULIE LANDIS - BLESSED & HIGHLY FLAVORED</u>						M	D	Y	Amount <u>45.00</u>
Address <u>4530 GRAND STRAND DR.</u>						Purpose <u>CUPCAKES for Social</u>			
City <u>Grove City</u>						State <u>OH</u>		Zip Code <u>43123</u>	Check Number <u>1105</u>
To Whom Paid <u>KROGER</u>						M	D	Y	Amount <u>13.00</u>
Address <u>2474 STRINGTOWN RD.</u>						Purpose <u>ICE for Social</u>			
City <u>Grove City</u>						State <u>OH</u>		Zip Code <u>43123</u>	Check Number <u>Debit</u>
To Whom Paid <u>KROGER</u>						M	D	Y	Amount <u>135.62</u>
Address <u>5965 HOOVER RD.</u>						Purpose <u>Food for Social</u>			
City <u>Grove City</u>						State <u>OH</u>		Zip Code <u>43123</u>	Check Number <u>Debit</u>
To Whom Paid <u>GRANDSTAND PIZZA</u>						M	D	Y	Amount <u>76.45</u>
Address <u>4034 BROADWAY</u>						Purpose <u>Food for Social</u>			
City <u>Grove City</u>						State <u>OH</u>		Zip Code <u>43123</u>	Check Number <u>Debit</u>
To Whom Paid <u>PATRICIA A. MONCMAN</u>						M	D	Y	Amount <u>143.38</u>
Address <u>4717 NICHOLAS POINTE DR</u>						Purpose <u>Reimbursement for Food/Drinks for Social</u>			
City <u>Grove City</u>						State <u>OH</u>		Zip Code <u>43123</u>	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.