

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | |
|---|--|--|-------------------|--------------|------------|------------|------------------|
| Name of Committee in Full Friends of Shannon Whitten | | | | | | | |
| To Whom Paid Shade on the Canal | | | | M 1 0 | D 2 6 | Y 1 5 | Amount 151.91 |
| Address 19 South High Street | | Purpose Food/Beverages for Fundraiser | | | | | |
| City Canal Winchester | | State O H | Zip Code 43110 | 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.

Page Total \$ 151.91