Event Date	10/26/2015
Page	6

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/0

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·						
Friends of Shannon Whitten			- 1	<u> </u>	1 7	Τ	
To Whom Paid Shade on the Canal			$\begin{bmatrix} M \\ 1 \end{bmatrix}_0$	D 2   6	Y 1 5	Amount	151.91
Address	Purpose	·	1:10	1-10	1	1	
19 South High Street		erages for Fundrais	er				
City	State Zip Code Check Number						
Canal Winchester	ОН	43110					
To Whom Paid			M 	D	Y	Amount	
Address	Purpose		· · · ·		•	•	
City	State	State Zip Code			ег		
	' ,	'					
To Whom Paid	<del>-</del>		M	D	Y	Amount	
			1 +	<u> </u>			
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Ригроѕе			-:			
City	State	Zip Code	Check	Check Number			
To Whom Paid	1	<u></u>	M	D	Y	Amount	
Address	Ригроѕе		<u> </u> _	<u> </u>	<u> </u>	·L	
City	State	Zip Code	Check Number				
To Whom Paid	<u></u>		M	D	Y	Amount	
Address	Purpose		<u> </u>	<u>L !</u>		I	
City	State	Zip Code	Check Number				
To Whom Paid		<u> </u>	M !	D	Y	Amount	
Address	Purpose	<del></del> -	<u> </u>	I ·	l	<u>.l.</u>	
City	State	Zip Code	Check	Numb	er		
	<u> </u>			_			

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
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