3	(moonly	-F	
R	Ċ.	3517	10

-	Event Date	
-	Page	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Gard for Council						
To Whom Paid	M	D	Y	Amount		
Planks on Broadway			1 0	1 4	0 9	\$118.00
dress Purpose						
4022 Broadway	Food and beverages for fundraiser					
City	Sta te	Zip Code	Check Number			
Grove City	OH	43123		odersom karthand Samina		
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	Check Number		
	OH					
To Whom Paid			М	D	Y	Amount
Address	Purpose					
		In a 1	lot in	1		
City	State	Zip Code	Check N	umber		
	OH			1 5	V	America
To Whom Paid			M	D	Y	Amount
Address Purpose						
O'.	State	Zip Code	Check Number			
City	OH	Zip Code	Check Pullifoer			
T- Wilson Poid	TOIT		M	D	Y	Amount
To Whom Paid					1	, income
Address Purpose						
Addiess	, uspess					
City	State	Zip Code	Check N	lumber		
Chy	ОН					
To Whom Paid			M	D	Y:	Amount
Address	Purpose			1	I	<u> </u>
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid			M	D	Y	Amount
Control of the contro						
Address	Purpose			1	I	A
City	State	Zip Code	Check 1	Vumber		
	ОН		-			

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.

\$118.00
Page Total \$ _____