Event Date	6/17/2011
Page	1,1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		-		
CONISON FOR COUNCIL				
To Whom Paid				
WALMART STORES			M D Y Amount	
Address	Purpose		0 6 1 6 11	37.3
3657 E. MAIN STREET	DINNI	ERWARE		
City	State	Zip Code	Check Number	
WHITEHALL	0	H 43213		
To Whom Paid			M D Y Amount	<u></u>
KROGERS Address			061611	140.1
850 S. HAMILTON RD.	Purpose			110.1
City	FOOD			
WHITEHALL	State	Zip Code	Check Number	
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DEALS			M D Y Amount	
Address	Purpose	THE POST OF THE PARTY OF THE PA	061611	25.03
3632 E, MAIN ST.	· · · · · · · · · · · · · · · · · · ·	ATIONS		
City	State	Zip Code	Check Number	
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l'o Whom Paid			M D Y Amount	
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Page Total \$ \_\_\_\_\_202.54

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.