

Event Date	6/17/2011
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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
						0	6	1	37.33
Address 3657 E. MAIN STREET		Purpose DINNERWARE							
City WHITEHALL		State O	H	Zip Code 43213		Check Number DEBIT			
To Whom Paid KROGERS						M	D	Y	Amount
						0	6	1	140.18
Address 850 S. HAMILTON RD.		Purpose FOOD							
City WHITEHALL		State O	H	Zip Code 43213		Check Number DEBIT			
To Whom Paid DEALS						M	D	Y	Amount
						0	6	1	25.03
Address 3632 E, MAIN ST.		Purpose DECORATIONS							
City WHITEHALL		State O	H	Zip Code 43213		Check Number DEBIT			
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 \$	202.54
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