

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full The Elect Steven M. Bennett Committee									
To Whom Paid PLANKS ON BROADWAY						M 0	D 9	Y 2	Amount \$329.85
Address 4022 BROADWAY		Purpose FUNDRAISER FOOD & BEVERAGES							
City GROVE CITY		State OH	Zip Code 43123		Check Number 1009				
To Whom Paid MARY JANE NEIDING						M 0	D 9	Y 2	Amount \$100.00
Address 4022 BROADWAY		Purpose WAITRESS TIP AT FUNDRAISER							
City GROVE CITY		State OH	Zip Code 43123		Check Number 1010				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	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.

\$429.85
Page Total \$