

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CONISON FOR COUNCIL								
To Whom Paid GIANT EAGLE #6537				M 0	D 8	Y 1	Y 5	Amount \$14.66
Address 3841 S. HAMILTON RD.		Purpose DRINKS -FUNDRAISER						
City GROVEPORT	State OH	Zip Code 43126	Check Number DEBIT					
To Whom Paid KROGER				M 0	D 8	Y 1	Y 5	Amount \$29.00
Address 850 S. HAMILTON RD.		Purpose FOOD - FUNDRAISER						
City WHITEHALL	State OH	Zip Code 43213	Check Number DEBIT					
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.

\$43.66
Page Total \$ _____