

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Baker for the Board									
To Whom Paid Encore Ensembles						M 0	D 7	Y 0	Amount 300.00
Address 65 St. Rte. 56 SW				Purpose Musical Entertainment for event					
City London				State O H	Zip Code 43140	Check Number 1005			
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			
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.