

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Moncman for Grove City Council</u>									
To Whom Paid <u>JULIE LANDIS BRESLER Highly Flavored</u>						M	D	Y	Amount
Address <u>4530 GRAND STRAND DR.</u>						<u>11</u>	<u>02</u>	<u>15</u>	<u>45.00</u>
Purpose <u>Cupcakes for Social</u>									
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		Check Number <u>1105</u>			
To Whom Paid <u>Kroger</u>						M	D	Y	Amount
Address <u>2474 Stringtown Rd.</u>						<u>11</u>	<u>03</u>	<u>15</u>	<u>13.00</u>
Purpose <u>ICE for Social</u>									
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		Check Number <u>Debit</u>			
To Whom Paid <u>Grand Strand Pizza</u>						M	D	Y	Amount
Address <u>4034 BROADWAY</u>						<u>11</u>	<u>03</u>	<u>15</u>	<u>76.45</u>
Purpose <u>Food for Social</u>									
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		Check Number <u>Debit</u>			
To Whom Paid <u>Kroger</u>						M	D	Y	Amount
Address <u>5965 Hoover Rd</u>						<u>11</u>	<u>03</u>	<u>15</u>	<u>135.62</u>
Purpose <u>Food for Social</u>									
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		Check Number <u>Debit</u>			
To Whom Paid <u>TATIANA A. MONCMAN</u>						M	D	Y	Amount
Address <u>4717 Nicholas Pointe Dr.</u>						<u>12</u>	<u>03</u>	<u>15</u>	<u>143.38</u>
Purpose <u>Reimbursement for Food/Drinks for Social</u>									
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		Check Number <u>172487</u>			
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.