31	-F
R.C.	3517,10

	Event Date	9/23/09	
	Page 1		

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 Commit	tee					
To Whom Paid			MDY	Amount		
PLANKS ON BROADWAY			0 9 2 3 0	8		
Address	Purpose					
4022 BROADWAY	FUNDRA	FUNDRAISER FOOD & BEVERAGES				
City	Sta te	Zip Code	Check Number			
GROVE CITY To Whom Paid	OH	43123	1009	1973		
MARY JANE NEIDING			$\begin{bmatrix} M & D & Y \\ 0 & 9 & 2 & 3 & 0 \end{bmatrix}$	Amount 3 \$100.00		
Address	Purpose		0 9 2 3 0 8	\$ \$100.00		
4022 BROADWAY	1 '	WAITRESS TIP AT FUNDRAISER				
City	Sta te	Zip Code	Check Number			
GROVE CITY	OH	43123	1010			
To Whom Paid			M D Y	Amount		
Address	Purpose					
1441055	r m pose					
City	Sta te	Zip Code	Check Number			
	OH					
To Whom Paid	(M D Y	Amount		
Address	Purpose					
City	Sta te	Zip Code	Check Number			
•	OH	Zap code	Check Pulliber			
Fo Whom Paid			M D Y	Amount		
Address	Purpose	Purpose		*		
City						
Jity	Sta¦te OH	Zip Code	Check Number			
To Whom Paid	OH		M D Y	Amount		
				7 mount		
Address	Purpose					
ity	Sta te	Zip Code	Check Number			
o Whom Paid	OH					
Die 1 mony			M D Y	Amount		
ddress	Ритроѕе					
	•					
ity	Sta te	Zip Code	Check Number			
	OH					

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 \$ _____