

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	Y 3	Y 0	Y 9	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	Y 3	Y 0	Y 9	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				
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.