Event Date	10-12-15
Page	哲16

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Schotter for GC						
To Whom Paid			М	D	Y	Amount
Schetter for GC To Whom Paid Giant Eagle Address			10	09	1 3	70.71
Address	Purpose		****			
City String town Road	Funda	aiser Food	- Sila	CKS		
City	State	Zip Code	Check	Number	_	
Grove City	OH	43123	D	eb!	H	
ito waom raid		· -1	М	D	Y	Amount
Gordon Food Services Store Address Purpose				09	15	73.04
Address	Purpose		1			<u> </u>
1464 Stringtown Road	Fundi	riser - Food F	Product	<u> </u>		
City	State	Zip Code	Check ?	Number		
To Whom Paid	OH	43123	D.	e bit	•	
To Whom Paid				D	Y	Amount
Sams Club			110	014	115	19.94
To Whom Paid Sam's Club Address	Purpose					1
Hilliard-Rome Road	Funds	Zip Code	veregy.	ડ		
City	State	Zip Code	Check 1	Number		
Carly Justilliard	OH	43+23	D	cb1	t	·
To Whom Paid			М	D	Y	Amount
Address	Purpose			•		
City	State	Zip Code	Zip Code Check Number			
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Address	Purpose	·		<u>'</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
City	State	State Zip Code				
To Whom Paid	1		M	D	Y	Amount
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Address	Purpose	· · · · · · · · · · · · · · · · · · ·		1 1	1 !	<u> </u>
City	State	Check ?	Check Number			
	State Zip Code					
To Whom Paid	1 !	ı	М	Ð	Y	Amount
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Address	Purpose		1 1	<u> </u>	<u> </u>	£
	1					
City	State	Zip Code	Check ?	Number		
			1			
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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.

