

Event Date	_____
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee for Dewey Stokes								
To Whom Paid Veterans Memorial					M	D	Y	Amount
					1	2	2	758.00
Address 300 W. Broad St.		Purpose Space Rental						
City Columbus		State O	H	Zip Code 43215	Check Number 1574			
To Whom Paid Sodexo					M	D	Y	Amount
					1	2	2	1,050.57
Address 300 W. Broad St.		Purpose Food						
City Columbus		State O	H	Zip Code 43215	Check Number 1578			
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.

Page Total \$	<u>1,808.57</u>
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