3	1-	F	
D	c	3517	ı۸

Event Date	
Page	1

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				М	D	Ŷ	Amount		
Veterans Memorial				1 2	2 7	0 6	<u> </u>	758.00	
	Purpose								
300 W. Broad St.		Space Rental							
City	State Zip Code				Check Number				
Columbus	0	Н	43215		1574				
To Whom Paid	· 			M	D		Amount	1 050 55	
Sodexho	<u>Б.</u>			1 2	2 7	0 6	L	1,050.57	
	Purpose								
	0 W. Broad St. Food State Zip Code								
City Columbus	1 .	H	43215	Check N	1578	,]			
Columbus To Whom Paid	Ο	**	10210	М	D D		Amount		
········ 							Į Į		
Address	Purpose				4				
City	Stat	te	Zip Code	Check N	Vumber				
						4			
To Whom Paid	-	-		M	D	Y	Amount		
	In.	****					<u> </u>		
Address	Purpose								
City	State Zip Code				Number	-			
on,	State Zap Code			Chock Humber					
To Whom Paid			<u> </u>	М	D	Y	Amount		
							1		
Address	Purpose			-					
		·							
City	Sta	State Zip Code			Number				
				<u> </u>					
To Whom Paid			•	M	D	Y	Amount		
	D				Ш_				
Address	Purpose								
City	Sta	te	Zip Code	Check Number					
City	3.4								
To Whom Paid	1		<u> </u>	М	D	Y	Amount		
							1		
	Purpose								
						•			
City	Sta	ite	Zip Code	Check N	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 \$ __1.808.57_