31-F
R.C. 3517.10

	Event Date	10/16/09
-	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 COM	MMITTEE		·	Michigan Control of Co			
To Whom Paid			MD	Y Amount	Samuel California Sampley		
GFS			1 0 1 6	0 9 \$54.25			
Address .	· · · · · · · · · · · · · · · · · · ·						
1464 STRINGTOWN RD		FUNDRAISER FOOD & BEVERAGES					
City	State	Zip Code	Check Number				
GROVE CITY	OH	43123	1017	1 35 Amount			
To Whom Paid WALMART			1 0 1 6	Y Amount 0 9 \$47.72			
VVALIVIAR I Address	Purpose			υ σ ψ+1.12			
1693 STRINGTOWN RD		FUNDRAISER FOOD & BEVERAGES					
City	1 '		Check Number	- All			
GROVE CITY	OH	43123	1019				
To Whom Paid			M	Y Amount			
Address	Purpose	Purpose					
City	State Zip Code						
	OH		Check Number				
To Whom Paid .			M D	Y Amount	-		
Address	Ригроѕе						
City	Stalte OH	Zip Code	Check Number				
To Whom Paid	economic and a second s		MD	Y Amount			
Address	Purpose	Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid			M D	Y Amount			
			422222244				
Address	Purpose	-		<u>.l</u>	***************************************		
City Stalte Zip Code Check Number							
City	OH	Sta [†] te Zip Code					
To Whom Paid	ppinistrationychingspancomplemational production of the contract of the contra		M D	Y Amount			
ddress Purpose							
02.	Sta te	Zip Code	Check Number				
City	OH	Zip Code	Choose I tunio				
	011						

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.

\$101.97
Page Total \$