

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 GFS						M 1	D 0	Y 1	Amount \$54.25
Address 1464 STRINGTOWN RD				Purpose FUNDRAISER FOOD & BEVERAGES					
City GROVE CITY		State OH	Zip Code 43123	Check Number 1017					
To Whom Paid WALMART						M 1	D 0	Y 1	Amount \$47.72
Address 1693 STRINGTOWN RD				Purpose FUNDRAISER FOOD & BEVERAGES					
City GROVE CITY		State OH	Zip Code 43123	Check Number 1019					
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.