



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Schoette for GC				
To Whom Paid Staples		Date (MM/DD/YYYY) 06/13/2019		Amount 14.50
Street Address 1747 Oletangy Riverd		Purpose envelopes		
City Columbus	State OH	Zip Code 43212	Check Number Debit	
To Whom Paid Gordon Food Service		Date (MM/DD/YYYY) 06/26/2019		Amount 77.63
Street Address 1464 Stringtown Rd.		Purpose Food / supplies		
City Grove City	State OH	Zip Code 43123	Check Number Debit	
To Whom Paid Giant Eagle		Date (MM/DD/YYYY) 6/26/2019		Amount 38.35
Street Address 2173 Stringtown Rd.		Purpose Beverages		
City Grove City	State OH	Zip Code 43123	Check Number Debit	
To Whom Paid Giant Eagle		Date (MM/DD/YYYY) 6/27/2019		Amount 8.67
Street Address 2173 Stringtown Rd.		Purpose Ice		
City Grove City	State OH	Zip Code 43123	Check Number Debit	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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 \$ 139.15