Event Date	9/20/09
Page 1	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full  Uhrin for GC Council					
			M D Y	Amount	
To Whom Paid China Bell			1 0 2 1 0 9	\$360.00	
Address	Purpose		1 0 2 1 0 9	7-00.00	
1947 Stringtown Road	2				
City	State	Zip Code	Check Number		
Grove City	ОН	43123	1142		
To Whom Paid			M D Y	Amount	
Address	Purpose	20000000	<u> </u>	8	
City	Sta te	Zip Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
Address	Purpose		1 : L. L	and the second s	
City	State OH	Zíp Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose		· 1 ·		
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		l i la		
City	State OH	Zip Code	Check Number	e de la companya de l	
To Whom Paid			M D Y	Amount	
Address	Purpose			<b>**</b>	
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.

\$360.00
Page Total \$