

Event Date	#####
Page	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full										
Committee To Elect Mike Shannon										
To Whom Paid						M	D	Y	Amount	
Roosters						0	9	2	1	423.23
Address			Purpose							
376 S. Hamilton Rd.			fundraiser food & drinks							
City			State	Zip Code	Check Number					
Whitehall			O	H	43213	3021				
To Whom Paid						M	D	Y	Amount	
cash						0	9	2	1	50.00
Address			Purpose							
5166 Etna Rd.			fundraiser change & tip							
City			State	Zip Code	Check Number					
Whitehall			O	H	43213	3020				
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address			Purpose							
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
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 \$	473.23
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