

Event Date	7/14/2015
Page	13

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Shannon Whitten						
To Whom Paid Dempsey's Food & Spirits			M 0 7	D 1 4	Y 1 5	Amount 158.57
Address 346 South High Street		Purpose Beverages for fundraiser				
City Columbus	State O H	Zip Code 43215	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			
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 \$ 158.57