

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Painter for Council										
To Whom Paid Heritage Golf Club							M	D	Y	Amount 100
Address 3525 Heritage Club Dr.							Purpose Fundraiser - deposit for room - services			
City Hilliand							State CA		Zip Code 93024	Check Number
To Whom Paid Heritage Golf Club							M	D	Y	Amount 461.13
Address 3525 Heritage Club Dr.							Purpose Fundraising - payment for food / beverages / services			
City Hilliand							State CA		Zip Code 93024	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.