

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Painter for Council</u>										
To Whom Paid <u>U.S. Postal Service</u>							M	D	Y	Amount
Address <u>4000 Leap Rd</u>							Purpose <u>Postage</u>			
City <u>Hilliand</u>							State <u>OH</u>		Zip Code <u>43026</u>	Check Number
To Whom Paid <u>U.S. Postal Service</u>							M	D	Y	Amount
Address <u>4000 Leap Rd</u>							Purpose <u>POSTAGE</u>			
City <u>Hilliand</u>							State <u>OH</u>		Zip Code <u>43026</u>	Check Number
To Whom Paid <u>Krogers</u>							M	D	Y	Amount
Address <u>4656 Cemetery Rd</u>							Purpose <u>Food, Drinks</u>			
City <u>Hilliand</u>							State <u>OH</u>		Zip Code <u>43026</u>	Check Number
To Whom Paid <u>Custom Cleaners</u>							M	D	Y	Amount
Address <u>1222 Onaway Ct.</u>							Purpose <u>Post-Fundraiser Cleaning</u>			
City <u>Columbus</u>							State <u>OH</u>		Zip Code <u>43228</u>	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.