

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Painter for Council						M	D	Y	Amount			
To Whom Paid Heritage Golf Club						0	3	0	7	1	1	100
Address 3525 Heritage Club Dr.			Purpose Fundraiser - deposit for room - services			Check Number						
City Hilliand			State OH	Zip Code 43024		Check Number						
To Whom Paid Heritage Golf Club						M	D	Y	Amount			
3525 Heritage Club Dr.						0	4	1	2	1	1	461.13
Address 3525 Heritage Club Dr.			Purpose Fundraiser - payment for food/beverages/services			Check Number						
City Hilliand			State OH	Zip Code 43024		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City						State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount			
Address												
City						State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount			
Address												
City						State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount			
Address												
City						State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount			
Address												
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.