

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 03	D 07	Y 11	Amount 100
Address 3525 Heritage Club Dr.		Purpose Fundraiser - deposit for room - services				
City Hilliand	State OH	Zip Code 43024	Check Number			
To Whom Paid Heritage Golf Club			M 04	D 12	Y 11	Amount 461.13
Address 3525 Heritage Club Dr.		Purpose Fundraiser - payment for food / beverages / services				
City Hilliand	State OH	Zip Code 43024	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.