

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | | | |
|---------------------------|--|---------|----------|--------------|--|---|---|---|--------|
| Name of Committee in Full | | | | | | | | | |
| 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 | | | | | |
| 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.