

# 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						M	D	Y	Amount	
U.S. Postal Service						0	2	3	11	42.52
Address				Purpose						
4000 Leap Rd				Postage						
City		State		Zip Code		Check Number				
Hilliand		OH		43026						
To Whom Paid						M	D	Y	Amount	
U.S. Postal Service						0	2	3	11	7.92
Address				Purpose						
4000 Leap Rd				POSTAGE						
City		State		Zip Code		Check Number				
Hilliand		OH		43026						
To Whom Paid						M	D	Y	Amount	
Krogers						0	3	0	11	79.20
Address				Purpose						
4656 Cemetery Rd				Food, Drinks						
City		State		Zip Code		Check Number				
Hilliand		OH		43026						
To Whom Paid						M	D	Y	Amount	
Custom Cleaners						0	3	1	11	120
Address				Purpose						
1222 Onaway Ct.				Post-Fundraiser Cleaning						
City		State		Zip Code		Check Number				
Columbus		OH		43228						
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.