

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

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.