

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Judge Sheward Committee							
To Whom Paid King Strategic Communications, Inc.				M 0	D 1	Y 2	Amount \$3,988.00
Address 4605 Morse Rd., Ste. 101		Purpose invitations & postage					
City Gahanna	State OH	Zip Code 43230	Check Number 1001				
To Whom Paid Athletic Club of Columbus				M 0	D 1	Y 2	Amount \$1,713.02
Address 136 East Broad St.		Purpose room, food & beverage					
City Columbus	State OH	Zip Code 43215	Check Number 1002				
To Whom Paid Columbus Bar Services				M 0	D 1	Y 3	Amount \$587.13
Address 175 South Third Street		Purpose mailing labels					
City Columbus	State OH	Zip Code 43215	Check Number 1004				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	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.

\$6,288.15
Page Total \$