Event Date	5/26/05
Page	<b>A</b>

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		10 FO	D II IDOE						
COMMITTEE TO ELECT ANDREA PE	EPLE	SFO	RJUDGE		_				
To Whom Paid				М	_	D	Y	Amount	
THE NETWORK	<b></b>			0 ;	5	2 6	0   3	5	60.00
Address	Purpose								
525 PARK STREET	CATERING State Zip Code Check Number								
City	St	Check		umber					
COLUMBUS	0	Н	43215		_	1015	,		
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10 Whom I ald				"		Ĭ	ĺ	imoun	
Address	Purpose								
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Address	Purpose								
City	St	State Zip Code			Check Number				
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Address	Purpose		(**** (**** * ************************				•		
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City	State Zip Code				N	umber			
To Whom Paid				M	П	D	Y	Amount	
Address	Purpose	· · · · · · · · · · · · · · · · · · ·							
City	St	tate	Zip Code	Check Number					
	<u> </u>								

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.