

| | |
|------------|----------------|
| Event Date | <u>10/9/13</u> |
| Page | <u>72</u> |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02-01

| | | | | |
|---|--------------------|-------------------------------------|----------------------------|-------------------------|
| Name of Committee in Full Frank Macke for Judge Committee | | | | |
| To Whom Paid Level Restaurant | M 11 | D 09 | Y 13 | Amount 461.09 |
| Address | | Purpose Food/Refreshments | | |
| City Columbus | State OH | Zip Code 43215 | Check Number 136 | |
| 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.

| | |
|---------------|---------------|
| Page Total \$ | <u>461.09</u> |
|---------------|---------------|