## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

					***********		
Name of Committee in Full	<u> </u>	11.75					
Dingus for Judge	Sto	newall Democra	THE RESERVE THE PARTY OF THE PA	***************************************	dominana.		
To Whom Paid			M	D	Y	Amount	
High Beck Tavern			0 8	1 4	0 8	<u> </u>	149.00
Address	Purpose						
564 S. High St	Food and drink						
City	State	Check Number					
Columbus	OH	43215					
To Whom Paid			М	D	Y	Amount	
ddress Purpose				L	<u> </u>	<u> </u>	
City	State	Zip Code	Check N	umber			
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	In				<u> </u>		
Address	Purpose						
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City	State	Zip Code	Check Number			12.0	
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To Whom Paid			M	D	Y	Amount	
Address							
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To Whom Paid			М	D	Y	Amount	
Address	Purpose	L	L	<del></del>	<u> </u>		
City	State Zip Code			Check Number			
To Whom Paid			М	D	Y	Amount	
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Address	Purpose			L_!		<u> </u>	
Address	ruipose						
		Ti. C. I.	[Charles	1	·····	<b>–</b>	
City	State	State Zip Code		Check Number			
				<del>Annonia</del>	<del></del>		
To Whom Paid			M	D	Y	Amount	
				<u> </u>			
Address	Purpose						
City	State	Zip Code Check Number					
						4.00	

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 \$ \_\_\_\_149.00