TUK PAPEK FILING UNL 1 1 Page 1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Judge O'Donne)II						
To Whom Paid Columbus Club			0 ^M 2	1 ^D 6	^D 6 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
^{Address} 181 E. Broad St.	Food & I	Food & beverages					
Columbus	State OH			Check Number 2005			
To Whom Paid			M	D	Y Amount		
Address	Purpose		***************************************	•	•		
City	Stajte OH	Zip Code	Check Number		. :	ě	
To Whom Paid			М	D	Y Amount		
Address	Purpose		,	· · · ·			
City	State OH	Zip Code	Check Number			3	
To Whom Paid			М	D	Y Amount	*#.	
Address	Purpose			<u>; </u>	•	7, 1	
City	Sta te OH	Zip Code	Check Number				
To Whom Paid			М	D	Y Amount		
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Address	Purpose			1 1 .			
City	State OH	Zip Code	Check Number) 10.	78 g	
To Whom Paid	J -		М	D	Y Amount	<u> </u>	
Address	Purpose		L	1 . 1	i		
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.

1129.08
Page Total \$ _____