Event Date	7/28/14	
Page 36		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Woods for Judge Committee					
To Whom Paid			M D Y Amount		
Cafe Napolitana			0 7 2 8 1 4 \$67.00		
Address AD North High Street	Purpose food and drinks - 7/28/14 fundraiser				
40 North High Street		Zip Code	Check Number		
City Columbus	Staite OH	43215	1022		
To Whom Paid	100	402.10	M D Y Amount		
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Address	Purpose	.			
City	State	Zip Code	Check Number		
To Whom Paid	<u> </u>	<u> </u>	M D Y Amount		
Address	Purpose				
					
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Address	Purpose	<u> </u>			
City	State	Zip Code	Check Number		
To Whom Paid			M D Y Amount		
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Address	Purpose				
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City	State	Zip Code	Check Number		
			M D Y Amount		
To Whom Paid			M D Y Amount		
Village	Purpose	<u></u>	1 1 1 1 1 1		
Address	i uipos				
City	State	Zip Code	Check Number		
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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.

\$67.00 Page Total \$ _____