

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 Cafe Napolitana						M	D	Y	Amount			
						0	7	2	8	1	4	\$67.00
Address 40 North High Street				Purpose food and drinks - 7/28/14 fundraiser								
City Columbus				State OH	Zip Code 43215		Check Number 1022					
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.