

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect Judge Frye Committee									
To Whom Paid High Beck						M	D	Y	Amount
						0	4	0	7
Address 564 S. High Street						1	6		\$500.00
Purpose April 7, 2016 Re-elect Judge Frye Fund-raiser - Wine, Beer, and Pizza cost + Tip									
City Columbus						State OH		Zip Code 43215	Check Number 177
To Whom Paid Sharon Lynch						M	D	Y	Amount
						0	4	1	3
Address 447 Chatfield Park						1	6		\$100.00
Purpose Reimbursement for Tip paid to staff for April 7, 2016 Fund-raiser									
City Columbus						State OH		Zip Code 43219	Check Number 178
To Whom Paid						M	D	Y	Amount
Address									
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address									
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.

\$600.00

Page Total \$