R.C. 35	17	.10
---------	----	-----

l	1
Page	1
rage	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full	3											
Committee To Elect Judge Mayr	nard		· · · · · · · · · · · · · · · · · · ·									
To Whom Paid				M		D		Y	Amount			
Brownstone				Γ_0	12	2	7	0	5 470.30			
Address	Purpose	n demonstra										
122 E. Main St			aiser									
City Columbus	State Zip Code					lumbe	20					
	0	Н	40215		-	14						
To Whom Paid			,	M		D		Y	Amount			
Address	Purpose											
City	Sta	te	Zip Code	Check Number								
To Whom Paid				М		D		Y	Amount			
Address	Purpose	,,, <u>,</u>				L		II-				
City	Sta	te	Zip Code	Che	ck N	umbe	ж					
To Whom Paid				М		D		Y	Amount			
Address Purpose												
	1		,						*			
City ·	Sta	te	Zip Code	Che	ck N	umbe	:r					
To Whom Paid M						Ď	_	Y	Amount			
Address Purpose				<u></u>		L1						
City	Sta	te	Zip Code	Che	ck N	umbe	r					
``````````````````````````````````````												
To Whom Paid			I	М		D	_	Y	Amount			
Address	Purpose			<b></b> i				<u> </u>	1			
City	Stafte Zip Code					Check Number						
o.i.y	5	1	Lip Code		OR IV	umo						
To Whom Paid	<u></u>			М		D		v	Amount			
I MA I I AMOUNT						rinount						
Address Purpose					<u></u>							
i m hoor												
City	<del> </del>	Jea .	Trin Code	Che	d XI							
City	Sta		Zip Code	Chec	JK IV	umbe	1					
			·	1								

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.