

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
FRANK MACKE FOR JUDGE								
To Whom Paid					M	D	Y	Amount
LINDEY'S RESTAURANT					1	0	2	243.87
Address		Purpose						
169 E BECK ST		BALANCE DUE ON FUND RAISER TOTAL						
City	State	Zip Code	Check Number					
COLUMBUS	O H	43215	1082					
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.