Event Date	#######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	ingularia de la comp	XALOS CERTIFICACIONES CALO		THE COLUMN TWO IS NOT THE PARTY.		***************************************	
Dingus for Judge		Ma	ry Kellys				
To Whom Paid				M	D	Y	Amount
Mary Kelly's				0 8	2 8	0 8	<i>7</i> 5.00
	Purpose			<u> </u>	1 1		
7148 Muirfield Drive	Fund	raise	r Deposit				
City	Sta		Zip Code	Check Number			
Dublin	0	Н	43017		1033	3	
To Whom Paid				M	D	Y	Amount
Address City To Whom Paid Address City To Whom Paid:	Purpose						
City NOT MY	Sta	te	Zip Code	Check	Number		
To Whom Paid				M	D	Y 	Amount
Address White 1917	Purpose						
City What The City of the City	Sta	te	Zip Code	Check	Number		
To Whom Paid:	o de exemplo de completa establicada e	***************************************		M	D	Y	Amount
Address	Purpose						÷
City	Sta	te	Zip Code	Check	Number		
To Whom Paid				M	D	Y	Amount
Address	Purpose						
City	Sta	te	Zip Code	Check	Number		
To Whom Paid				M	D	Y	Amount
Address	Purpose					•	
City	State Zip Code			Check Number			
To Whom Paid	<u></u>			M	D	Y	Amount
Address	Purpose				2		
City	Sta	ite	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.