

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 03/01

Name of Committee in Full									
Fank Macke for Judge Committee									
To Whom Paid						M	D	Y	Amount
High Beck						1	0	1	202.50
Address				Purpose					
				Food/Refreshment					
City				State	Zip Code	Check Number			
Columbus				O : H	43202	142			
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.