

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Peeples												
To Whom Paid Daniel B. Miller						M	D	Y	Amount			
						0	8	2	9	1	1	\$770.41
Address 87 E. Torrence Rd.				Purpose Reimbursement for food, drinks, and tickets at Clippers game fundraiser								
City Columbus		State OH		Zip Code 43214		Check Number 1076						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
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.

\$770.41

Page Total \$