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Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

Full Name of Committee						
Committee to elect George W. Leach Judge To Whom Paid Date (MM/DD/MM) Amount						
To Whom Paid			Amount			
High Back Tavern  Street Address Purpose  5645. High St. Forfood  City State Zip Code  OH 43215		F105 181101	\$82.00			
Street Address Purpose						
Lorfood		and beverages				
State	Zip Code	Check Number				
ОН	43215	debit card				
<u> </u>	• · · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY)	Amount			
Purpose		<u> </u>				
State	Zip Code	Check Number				
ОН						
·		Date (MM/DD/YYYY)	Amount			
Street Address Purpose						
State	Zip Code	Check Number				
ОН						
·	<u> </u>	Date (MM/DD/YYYY)	Amount			
Purpose		<del>1</del>	· · · · · · · · · · · · · · · · · · ·			
State	Zip Code	Check Number				
ОН						
<del></del>	<u> </u>	Date (MM/DD/YYYY)	Amount			
Purpose						
State	Zip Code	Check Number				
ОН						
	Purpose State OH  Purpose State OH  Purpose State OH  Purpose State OH  State OH  State OH	Purpose  State Zip Code OH	Purpose  State Zip Code Check Number  OH J3215 Acto: t Card  Date (MM/DD/YYYY)  Purpose  State Zip Code Check Number  OH Date (MM/DD/YYYY)  Purpose  State Zip Code Check Number  OH Date (MM/DD/YYYY)  Purpose  State Zip Code Check Number  OH Date (MM/DD/YYYY)  Purpose  State Zip Code Check Number  OH Date (MM/DD/YYYY)			

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.

Page Total \$ 8 2.00