

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Woods for Judge Committee									
To Whom Paid Classics Sports Bar						M	D	Y	Amount \$87.60
Address 543 South High Street						Purpose beverages for 5/13/14 fundraiser (Tony's)			
City Columbus						State OH		Zip Code 43215	Check Number 1009
To Whom Paid Classics Sports Bar						M	D	Y	Amount \$76.50
Address 543 South High Street						Purpose food for 5/13/14 fundraiser (Tony's)			
City Columbus						State OH		Zip Code 43215	Check Number 1010
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.

\$164.10

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