

# 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 Cafe Napolitana						M	D	Y	Amount \$60.00		
Address 40 North High Street						0	9	1	1	1	4
Purpose food and drinks											
City Columbus						State OH		Zip Code 43215		Check Number 1030	
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	
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.