

	Page

Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

E !!!!						
Full Name of Committee	_					
Committee to elect	Ger	orge W.	Leach Jud	8e		
To Whom Paid	7	Date (MM/DD/YYYY) Amount				
The Walrus Street Address		00.F81 \$ F105 S11PO				
Street Address		,				
143 E. Main St. City Columbus	FD	rfood a	Check Number			
City	State					
Calumbus	ОН	43215	debit card			
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose		<u> </u>			
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid		<u> </u>	Date (MM/DD/YYYY)	Amount		
		-				
Street Address	Purpose		<u></u>			
City	State	Zip Code	Check Number			
,	он					
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip Code	Check Number			
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To Whom Paid	<u>' , , , , , , , , , , , , , , , , , , ,</u>	· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY)	Amount		
Street Address	Purpose		<u> </u>			
City	State	Zip Code	Check Number			
1	ОН					

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	\$ 1	8	7	00	