

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Judge O'Donnell					
To Whom Paid Joe Satterfiled		M 0	D 9	Y 1 4	Amount \$240.00
Address 1945 Frebis Ave.		Purpose security officer			
City Columbus	State OH <input type="checkbox"/>	Zip Code 43206		Check Number 1038	
To Whom Paid Virgal Neal		M 0	D 9	Y 1 4	Amount \$240.00
Address 1945 Frebis Ave.		Purpose security officer			
City Columbus	State OH <input type="checkbox"/>	Zip Code 43206		Check Number 1039	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH <input type="checkbox"/>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH <input type="checkbox"/>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH <input type="checkbox"/>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH <input type="checkbox"/>	Zip Code		Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH <input type="checkbox"/>	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.

\$480.00
Page Total \$