

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee to Retain Judge Reece						
To Whom Paid Capital Club			M 0	D 2	Y 1	Amount 2,150.09
Address 41 S. High Street		Purpose Food/beverages				
City Columbus	State O	Zip Code H 43215	Check Number 1067			
To Whom Paid Aneca Lasley			M 0	D 2	Y 1	Amount 50.00
Address 2000 Huntington Ctr., 41 S. High St.		Purpose Refund of cash overage				
City Columbus	State O	Zip Code H 43215	Check Number 1068			
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.