

# 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 0	D 6	Y 3	Y 0	Y 1	Y 4	Amount \$109.06
Address 40 North High Street				Purpose food and drinks - 6/30/14 fundraiser								
City Columbus				State OH	Zip Code 43215		Check Number 1020					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State	Zip Code		Check Number					
To Whom Paid						M	D	Y	Y	Y	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.

\$109.06  
Page Total \$