

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full        |  |  |                            |  |          |  |              |   |   |        |   |        |
|----------------------------------|--|--|----------------------------|--|----------|--|--------------|---|---|--------|---|--------|
| Frank Macke for Judge Committee  |  |  |                            |  |          |  | M            | D | Y | Amount |   |        |
| To Whom Paid<br>Eugene Guglielmi |  |  |                            |  |          |  | 1            | 1 | 1 | 8      | 3 | 203.00 |
| Address                          |  |  | Purpose<br>Food & Beverage |  |          |  |              |   |   |        |   |        |
| City                             |  |  | State                      |  | Zip Code |  | Check Number |   |   |        |   |        |
|                                  |  |  |                            |  |          |  | 151          |   |   |        |   |        |
| 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.

Page Total \$ 203.00