Event Date	8/28/14			
Page55				

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					_				
	tas								
Thomas Haves for Judge Commit To Whom Paid	iee		М	D	Y	Amount			
Jennifer Brunner for Judge				1	1		-20		
Address	Purpose		1019	0 2	1 4		535.50		
PO Box 1476		Drinks, Food & Tip							
City	State	Zip Code	Check Number						
Columbus	i	O H 43216				*			
To Whom Paid	1011	43210	M	540 M D , Y			<u> </u>		
			"			Amount			
Address	Purpose		l <u>l</u>	<u> </u>	1 1	<u> </u>			
	1, 7								
City	State	Zip Code	Check N	Jumber		040			
	1	Lap coor		···········			Alex rule		
To Whom Paid		_	M	D	Y	Amount			
· · · · · · · · · · · · · · · · · · ·			",	1	;	Allouik			
Address	Purpose			<u> </u>	ı	<u> </u>			
1100003	Tupose								
City	Store	State Zip Code							
City	State	Zip Code	Check N	umber					
To Whom Paid				1 5	T				
10 w Roin Faid			M	D	Y	Amount			
									
Address	Purpose								
0:	-		T				·		
City	State	Zip Code	Check Number				A Company		
	ļ			,			200		
To Whom Paid			M	D	Y	Amount			
						<u> </u>			
Address	Purpose								
			Check N						
City	State	State Zip Code							
To Whom Paid			M	D	Y	Amount			
Address	Purpose					-			
City	State	Zip Code	Check N	umber					
			j						
To Whom Paid		*	М	D	Y	Amount			
Address	Purpose		•						
	İ								
City	State	Zip Code	Check N	umber					
							1 4 540		

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.