

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge									
To Whom Paid Due Amici						M	D	Y	Amount
						0	3	26	1 0 \$180.00
Address 67 East Gay St.				Purpose fund raiser 4/22/10					
City Columbus				State OH	Zip Code 43215		Check Number 0101		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	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.

\$180.00
Page Total \$