

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							
To Whom Paid Q Bar and Night Club				M 0	D 3	Y 0	Amount 500.00
Address 205 N Fifth St		Purpose Rental Fee for Fundraiser					
City Columbus		State O	H	Zip Code	Check Number 1012		
To Whom Paid US Postmaster				M 0	D 3	Y 0	Amount 117.00
Address Main Post Office Twin Rivers		Purpose Postage for Fundraiser					
City Columbus		State O	H	Zip Code 43215	Check Number 1013		
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.