

# 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 Club 185						M	D	Y	Amount			
						0	5	2	6	1	0	\$143.65
Address 185 E Livingston Ave				Purpose Food/Drinks/Room								
City Columbus				State OH		Zip Code 43215		Check Number visa				
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.

\$143.65  
Page Total \$