3	1.	-F	
R	C	3517	10

Event Date	5/26/10
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				N. C. Company of the	olionum-manicipionem	
Name of Committee in Full Junga For Judge						
To Whom Paid Club 185			0 5	D 2 6	1 0	Amount \$143.65
Address 185 E Livingston Ave	Purpose Food/Drint					
City Columbus	State OH	Zip Code 43215	Check Number visa			
To Whom Paid			M	D	Y	Amount
Address	Purpose			1 .:	<u> </u>	
City	Stalte 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	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	***************************************	L	1 -	! :	
City	State OH	Zip Code	Check Number		14. VEX. 1987 (1.18)	
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 \$