

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Dingus for Judge		Camelot Cellars	
To Whom Paid	M	D	Y	Amount	
Camelot Cellars	0	4	1	1	0
	8				330.00
Address		Purpose			
958 N High St.		\$15/person for fundraiser			
City	State	Zip Code	Check Number		
Columbus	O	H	43201		
To Whom Paid	M	D	Y	Amount	
Kroger	0	4	1	1	0
	8				92.25
Address		Purpose			
150 W. Sycamore St.		Food for fundraiser event			
City	State	Zip Code	Check Number		
Columbus	O	H	43206		
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.