

Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

Full Name of Committee				
Committee to elect George W. Leach Judge To Whom Paid Date (MM/DD/YYYY) Amount				
To Whom Paid	-	7		
High Beck Tavern			F105/2017	\$152.25
Street Address	Purpose			
High Beck Tavern Street Address 5645. High St. City Columbus	For	- food a	d beverages Check Number	
City	State	Zip Code	Check Number	
Columbus	ОН	43215	debit card	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	·	· · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	Check Number	
	он			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid	•	<u>*</u>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		1	
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address Purpose			· · · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	Check Number	
	ОН			
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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.

Page Total \$ \52.25