

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full David Tyack for Judge Committee												
To Whom Paid Janie Roberts						M	D	Y	Amount			
						0	8	2	4	1	5	\$466.82
Address 155 W. Main St.				Purpose reimburse food & beverage								
City Columbus		State OH		Zip Code 43215		Check Number 101						
To Whom Paid Jeff Straw Music						M	D	Y	Amount			
						0	8	2	0	1	5	\$100.00
Address 1266 Eastwood Ave.				Purpose musical entertainment								
City Columbus		State OH		Zip Code 43203		Check Number cash						
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.

\$566.82
Page Total \$ _____