Event Date	6/11/14
Page 1	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/0)

Name of Committee in Full Committee for Judge O'Donnell						·	
To Whom Paid Monks Copy Shop				2 <b>0</b>	1 4	Amount \$47.16	
Address 645 Dearborn Park Lane	Purpose invitations						
City Worthington	Sta'te OH	Zip Code 43085	Check	Number 0			
To Whom Paid		<b>'</b>	М	D <sub>i</sub>	Y	Amount	
Address	Purpose				<u>.</u>		
City	Staite OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose			<del>-1</del>	-l:		
City	State OH	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose	Purpose			<b></b>		
City	State OH	Zip Code	Check Number				
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	M	D <sub>r</sub>	Y.	Amount	
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose			<u> </u>	<del></del>		
City	State OH	Zip Code	Check Number			M	

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.

\$47.16
Page Total \$