Event Date	7/21/10	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Junga for Judge					
To Whom Paid			M	D Y	Amount
Classiscs Sports Bar			0 7	2 1 1	0 \$75.00
Address	Purpose har tah and	tip for fundacia		_	
543 S High St	<u></u>	d tip for fundraiser	Check N	umber	
City	Sta te OH	Zip Code 43215	Visa		
To Whom Paid	OII		M	D _i Y _i	Amount
Classics Pizza			1 1	2 1 1	0 \$35.00
Address	Purpose				
543 S High St	food for fur				
City	State	Zip Code	Check N	umber	
Columbus	OH	43215	visa M	D Y	/ _i Amount
To Whom Paid			, PA	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	
Address	Purpose			1 1	<u> </u>
City	Sta te	Zip Code	Check N	итьет	
	OH				
To Whom Paid			М	D Y	' Amount
, su-					
Address	Purpose				
City	State	Zip Code	Check N	umber	
City	OH				
To Whom Paid			M	D Y	Amount
Address	Purpose				
		77.0.1	10	'anysha-	
City	State OH	Zip Code	Check N	sumber	
To Whom Paid	Un		M	D Y	Y _i Amount
To Whom Paid					1
Address	Purpose				
City	Sta te	Zip Code	Check N	Number	
44444	ОН			1.5	Ź. A
To Whom Paid			M	D	Amount
	In			1 !	<u> </u>
Address	Purpose				
City	State	Zip Code	Check S	Number	
*	OH				

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.

\$110.00 Page Total \$