

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 Classics Sports Bar				M	D	Y	Amount
				0	7	2 1 1 0	\$75.00
Address 543 S High St		Purpose bar tab and tip for fundraiser					
City Columbus	State OH	Zip Code 43215	Check Number visa				
To Whom Paid Classics Pizza				M	D	Y	Amount
				0	7	2 1 1 0	\$35.00
Address 543 S High St		Purpose food for fundraiser					
City Columbus	State OH	Zip Code 43215	Check Number visa				
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.

\$110.00
Page Total \$