		
Event Date	4/22/10	_
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

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Name of Committee in Full Junga For Judge						
To Whom Paid Due Amici			0 4	D 2 2	1 0	Amount \$763.67
Address 67 E. Gay St.	Purpose Food/Drink	ks/Room				
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 N	lumber		
To Whom Paid			M	D.	Y	Amount
Address	Purpose	:				
City Transport City T	State OH	Zip Code	Check N	kumber		
To Whom Paid	e a segundo e a segundo esperado e se e e e e e e e e e e e e e e e e e		I. M	D	Y	Amount
Address	Purpose				.	
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose		<u>i</u>			
City	State OH	Zip Code	Check N	lumber		
To Whom Paid		and a state of the	M.	D	Y	Amount
Address	Purpose			1 1		
City	State OH	Zip Code	Check N	lumber		
To Whom Paid			M	D	Y	Amount
Address	Purpose	11.	<u> </u>			
City	State OH	Zip Code	Check N	lumber		

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.

