

# 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 Due Amici						M	D	Y	Amount <del>\$763</del> 67
Address 67 E. Gay St.		Purpose Food/Drinks/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 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						
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.