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R.	C.	35	17	.10

Event Date	8/27	113
PageC	<u>.</u>	,

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Adair for Judge Committee						
To Whom Paid Lexis On Third	···		M 0 8 2			nount 5170.12
Address	Purpose		1 1 1	11. [1	!-	
100 E Broad Street						
City	Sta te					
Columbus	ОН	43215	DEBIT	Γ		
To Whom Paid		<u>.</u>	М	D _t	Y _i Ar	nount
Address	Purpose				<u>'</u>	
Cin	State	State Zip Code		Check Number		
City	OH	2.7 333				
To Whem Paid		 	М	D	Y	mount
Addiress	Purpose	Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	mount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	mount
Address	Ригроѕе					
City	State OH	Zip Code	Check No	Check Number		
To Whom Paid	•		M	D	Y	Amount
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	<u></u>		
City	State OH	Zip Code	Check Number			
To Whom Paid	A Tilding		M	D.	Y,	Amount
Address	Purpose			1		
City	State OH	Zip Code	Check N	lumber		The state of the s

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.

\$170.12
Page Total S