

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	D 8	Y 2	Y 7	Y 1	Y 3	Amount \$170.12
Address 100 E Broad Street				Purpose Food								
City Columbus				State OH	Zip Code 43215		Check Number DEBIT					
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					
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.

\$170.12
Page Total \$