

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Thomas Hayes for Judge Committee								
To Whom Paid The Social Room					M 0	D 5	Y 2	Amount 132.35
Address 527 Park St.		Purpose Drinks, Food & Tip						
City Columbus		State O	H H	Zip Code 43215	Check Number Debit Card			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		Zip Code	Check Number			
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City		State 		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.