Event Date	9/29/11
Page 2	2

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				· · -	
Committee to Re-Elect Judge Peeples					
To Whom Paid	M D	Y <sub>t</sub> Amount			
Eddie George's Grille 27		0 9 2 9	1 1 \$500.00		
Address	Purpose				
1636 N. High Street	Food and drinks at fundraiser				
City	Sta te	Zip Code	Check Number		
Columbus	OH 43201		1084		
To Whom Paid			M D	Y Amount	
				1	
Address	Purpose				
Čity	Sta te	State Zip Code		Check Number	
	OH				
To Whom Paid			M D	Y: Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
	ОН				
To Whom Paid			M D	Y Amount	
				<b>5</b>	
Address	Purpose				
	[				
City	State	Zip Code	Check Number		
	OH				
To Whom Paid			M D	Y Amount	
idress Purpose			, , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	Check Number		
	OH				
To Whom Paid			M D,	Y. Amount	
				•	
Address	Purpose				
City	State Zip Code		Check Number		
•	ОН				
To Whom Paid			M D	Y Amount	
				· · · · · · · · · · · · · · · · · · ·	
Address	Purpose			_ <u> </u>	
	'				
City	State	Zip Code	Check Number		
<b>-</b>	ОН	'			

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.

\$500.00
Page Total \$