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В	C	3517	10

Event Date	#######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Dingus for Judge	Tr	ial Lawyers					
To Whom Paid			М	D	Y	Amount	
Club 185			0 5	2 2	0 8		234.55
Address	Purpose Purpos						
	Food and Drink						
185 E. Livingston Ave	State Zip Code			Check Number			
Columbus	OH	43215					
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
C:4	State	Zip Code	Check N	Jumher			
City	State	Zip Code					
To Whom Paid			М	D	Y	Amount	
							:
Address	Purpose			1			
City	State	Zip Code	Check N	Vumber			
To Whom Paid			М	D	Y	Amount	
						<u> </u>	
Address	Purpose						
City	State	Zip Code	Check N	Number			
City		•			a silla see		
To Whom Paid			М	D	Y	Amount	
Address	Purpose			-h			
		Zip Code	,				
City	State	Check N	Check Number				
				Y			
To Whom Paid			M	D	Y	Amount	
	In				<u> </u>	<u> </u>	
Address	Purpose						
Cit.	State	Zip Code	Check N	Jumber			
City	State Zip Code		Check Number				
To Whom Paid			M	D	ΙΥ	Amount	
TO WHOM LAIG							
Address	Purpose					1	, — ,, —
City	State	Zip Code	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.