

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect Judge Frye Committee										
To Whom Paid Sidecar Global Catering				M 0	D 1	Y 2	Y 2	Y 1	Y 6	Amount \$655.25
Address 263 E. Whitter Street		Purpose Catering Invoice for December Fundraiser								
City Columbus		State OH	Zip Code 43206		Check Number 166					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	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.

\$655.25

Page Total \$