Event Date	07/29/06
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## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full										
THE COMMITTEE TO ELECT DORRI	S FOI	r Jud	GE							
To Whom Paid	.,			M	D	Y	Amount			
F O P CAPITAL CITY 9				0 6	1 7	0 6		150.00		
Address	Purpose									
520 SOUTH HIGH STREET	VENUE RENTAL									
City	1 .	tate .	Zip Code	Check I						
COLUMBUS	0	Н	43215		1016					
To Whom Paid				$\begin{vmatrix} M \\ 0 \end{vmatrix} 7$	D	Y	Amount			
TRAVIS PARKER Address Purpose					2 9	0 6	L	100.00		
	Purpose		IDITAL POD VENIE	r ne						
520 SOUTH HIGH STREET City	FOP SECURITY FOR VENU									
COLUMBUS	_		43215	Check Number						
To Whom Paid	0	H	43213	M	1027	T V	Amaunt			
KOTTERMAN BROTHERS					D	Y	Amount	200.00		
Address	Purpose			0 6	2 3	0 6		300.00		
	FOOD FOR PIG ROAST									
City	State Zip Code				Number					
GLENFORD	0	_   ТТ			1020					
To Whom Paid	10	1.1.		M	D D	Y	Amount			
Address	Purpose									
City	State Zip Code			Check Number						
				ľ						
To Whom Paid			·	M	D	Y	Amount			
				1						
Address	Purpose									
City	S	tate	Zip Code	Check N	Number					
To Whom Paid				M	D	Y	Amount			
Address	Purpose					•				
			····							
City	State Zip Code			Check N	lumber					
		_								
To Whom Paid				M	D	Y	Amount			
A 2000-	10									
Address	Purpose									
City	State Zip Code Check Number									
City	5	ate 	Zip Code	Cneck N	umber					

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.