31-F
R.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 Stonewall Democrats

To Whom Paid	M	D	Y	Amount	
High Beck Tavern	08	14	08	149.00	(63)

Address	Purpose
564 S. High St	Food and drink

City	State	Zip Code	Check Number
Columbus	OH	43215	

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.

Page Total $ 149.00