



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

| Full Name of Committee Bracco to Do | mes 1 | tic Court | Judge (on | mitte |
|--------------------------------------|------------|-------------------|---------------------|--|
| T. 14/6 D. 1.1 | | | Date (MM/DDYYYY) | 723 , 06 |
| Street Address 1368 Grand View Ave | <u> </u> | Fund-89 | | |
| City Columbus | State OH 🖸 | zip Code 43212 | Check Number . 3445 | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | | |
| City | State | Zip Code | Check Number | |
| To Whom Paid | | L | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | <u></u> | L |
| City | State | Zip Code | Check Number | |
| To Whom Paid | <u> </u> | <u></u> | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | <u></u> | ······································ |
| City | State | Zip Code | Check Number | |
| To Whom Paid | <u> </u> | 1 | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | .l | <u> </u> |
| 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.