3	1-	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				Name and the state of the state					
Dingus for Judge	Clı	ub 185							
To Whom Paid			M	D	Y	Amount			
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To Whom Paid			М	D	Y	Amount			
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Address	Purpose								
	State	Check Number			7				
City	State	Zip Code	Check						
		I	Į.						

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 \$ 200.35