31-F R.C. 3517.10

Event Date	09/18/09			
Page 20				

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

			ouconomic marconimis	MINISTER STATE OF THE STATE OF			
Name of Committee in Full							
Glaeden for Judge							
To Whom Paid			М	D	Y	Amount	
Phillip's Restaurants, Inc.			0 9	2 4	0 9		200.00
Address	Purpose						
450 West Broad Street	Food				,		
City							
Columbus	O   H   43215			1092			
To Whom Paid	***************************************		M	D	Y	Amount	
Address	Purpose	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>	
City	State	Zip Code	Check	Number			
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Address	Purpose						
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To Whom Paid			М	D	Y	Amount	
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Address	Purpose			1		<u> </u>	
Address	I ui pose						
0:	State	17:- C-1-	TCkL	Number			
City	State	Zip Code	Check	number			
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To Whom Paid			M	D	Y	Amount	
			L_L_			Book	
Address	Purpose						
City	State	Zip Code	Check	Number			100
							4.77

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 \$	200.00
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