

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge						
To Whom Paid Phillip's Restaurants, Inc.			M	D	Y	Amount 200.00
Address 450 West Broad Street			Purpose Food			
City Columbus		State O H	Zip Code 43215	Check Number 1092		
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.