

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Peebles										
To Whom Paid Daniel B. Miller				M 0	D 8	Y 2	Y 9	Y 1	Y 1	Amount \$770.41
Address 87 E. Torrence Rd.		Purpose Reimbursement for food, drinks, and tickets at Clippers game fundraiser								
City Columbus		State OH	Zip Code 43214		Check Number 1076					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	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.