

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|  |  |                            |                   |                      |          |          |                    |
|--|--|----------------------------|-------------------|----------------------|----------|----------|--------------------|
| Name of Committee in Full<br>Judge Sheward Committee |  |                            |                   |                      |          |          |                    |
| To Whom Paid<br>Phillip's Restaurants Inc.           |  |                            |                   | M<br>0 3             | D<br>0 3 | Y<br>0 8 | Amount<br>\$228.00 |
| Address<br>450 West Broad Street                     |  | Purpose<br>food & beverage |                   |                      |          |          |                    |
| City<br>Columbus                                     |  | State<br>OH                | Zip Code<br>43215 | Check Number<br>1006 |          |          |                    |
| To Whom Paid   |  |                            |                   | M                    | D        | Y        | Amount             |
| Address  |  | Purpose                    |                   |                      |          |          |                    |
| City   |  | State<br>OH                | Zip Code          | Check Number         |          |          |                    |
| To Whom Paid   |  |                            |                   | M                    | D        | Y        | Amount             |
| Address  |  | Purpose                    |                   |                      |          |          |                    |
| City   |  | State<br>OH                | Zip Code          | Check Number         |          |          |                    |
| To Whom Paid   |  |                            |                   | M                    | D        | Y        | Amount             |
| Address  |  | Purpose                    |                   |                      |          |          |                    |
| City   |  | State<br>OH                | Zip Code          | Check Number         |          |          |                    |
| To Whom Paid   |  |                            |                   | M                    | D        | Y        | Amount             |
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| City   |  | State<br>OH                | Zip Code          | Check Number         |          |          |                    |
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| City   |  | State<br>OH                | Zip Code          | Check Number         |          |          |                    |
| To Whom Paid   |  |                            |                   | M                    | D        | Y        | Amount             |
| Address  |  | Purpose                    |                   |                      |          |          |                    |
| City   |  | State<br>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.

\$228.00  
Page Total \$