

Event Date	05/21/2006 #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Frank Macke for Judge Committee							
To Whom Paid Arena Grand Theater				M	D	Y	Amount 1,000.00
Address 175 W Nationwide Blvd				Purpose Fundraiser Auditorium			
City Columbus		State O H	Zip Code	Check Number 1025			
To Whom Paid M David Brown				M	D	Y	Amount 58.34
Address 770 City Park Ave				Purpose Fundraiser supplies			
City Columbus		State O H	Zip Code 43206	Check Number 1034			
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.

Page Total \$	1,058.34
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