Event Date	0 5/21/2006 #######
Page	1

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	-		М	D	Y	Amount			
Arena Grand Theater			0 4	2 6	0 6		1,000.00		
Address	Purpose								
175 W Nationwide Blvd	Fundrais	er Auditorium							
City	State								
Columbus	-10 + H	OH			I				
To Whom Paid			М	1025	_	Amount			
M David Brown			0 5	215	0 6		58.34		
Address	Purpose		1010	1 200	0 0				
770 City Park Ave		ser supplies							
City	State	Zip Code	Check 1	Check Number					
Columbus	OH			1034					
To Whom Paid	0 11	3.02.00	М	D		Amount			
10 Whom I ald			1		1				
Address	Purpose					<u> </u>	···		
Addiess	T thipose								
City	State	Zip Code	Check 1	Jumber					
City	State	Zip Code	Check	vanioci					
		<u> </u>		I D	Ιν	Amount			
To Whom Paid			M	D	Y	Amount			
						<u> </u>			
Address	Purpose								
City	State	Zip Code	Check 1	Number					
To Whom Paid			M	D	Y	Amount			
Address	Purpose								
City	State	State Zip Code			Check Number				
To Whom Paid			М	D	Y	Amount			
				1					
Address	Purpose				<u> </u>				
City	State	State Zip Code			Check Number				
	1								
To Whom Paid			M	D	Y	Amount			
Address	Purpose			1		L			
Address	T inpose								
C.	State	Zip Code	Check 1	Jumbor					
City	State	Zip Code	Check	vannoer					
		1							

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