

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full ReElect Judge Frye Committee										
To Whom Paid High Beck				M 0	D 6	Y 2	Y 9	Y 1	Y 6	Amount \$60.00
Address 564 S. High Street		Purpose Tip for service provided at fundraiser								
City Columbus		State OH	Zip Code 43215		Check Number cash					
To Whom Paid Celia Kilgard				M 0	D 8	Y 2	Y 9	Y 1	Y 6	Amount \$179.68
Address 190 S. High St., Apt. 677		Purpose Reimbursement for August 21, 2016 Fundraiser food								
City Columbus		State OH	Zip Code 43215		Check Number 197					
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.

\$239.68
Page Total \$