

Event Date	<u>01/26/06</u>
Page	<u>1</u>

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 Frank Macke				M	D	Y	Amount
				0	1	3	0
				0	6		365.80
Address 370 E Cook Ave		Purpose Fundraiser @Victory's Printing and Postage					
City Columbus	State O	Zip Code H 43214	Check Number 1002				
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 \$	<u>365.80</u>
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