

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge												
To Whom Paid Classics Sports Bar						M	D	Y	Amount			
						0	7	2	1	1	0	\$75.00
Address 543 S High St				Purpose bar tab and tip for fundraiser								
City Columbus		State OH		Zip Code 43215		Check Number visa						
To Whom Paid Classics Pizza						M	D	Y	Amount			
						0	7	2	1	1	0	\$35.85
Address 543 S High St				Purpose food for fundraiser								
City Columbus		State OH		Zip Code 43215		Check Number visa						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	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.

\$110.85
Page Total \$