Event Date	7/21/10
Page 1	

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			0 7	2 1	1 0	Amount \$75.00	
Address 543 S High St	Purpose bar tab an						
City Columbus	State OH	Zip Code 43215	Check Number VISA				
To Whom Paid				D 2 1	Y	Amount	
Classics Pizza	Purpose		0 7	2 11	1 0	\$35.85	
543 S High St	food for fu						
City Columbus	State OH	Zip Code 43215	Check Number VISA			•	
To Whom Paid		10210	M	D	Yį	Amount	
Address	Purpose						
City	Stajte OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose	Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose	Purpose			1		
City	State OH	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
Address	Purpose		1 ,	1	اـــــــــــــــــــــــــــــــــــــ		
City	State OH	Zip Code	Check Number				
To Whom Paid		···-	М	D	Υ;	Amount	
Address	Purpose	Purpose					
City	Stajte 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 \$ _____