

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Junga For Judge</b>									
To Whom Paid <b>Expenditures from form 31-F</b>						M	D	Y	Amount
						0	3	26	10
									\$180.00
Address					Purpose <b>Fundraiser deposit</b>				
City					State <b>OH</b>	Zip Code		Check Number <b>0101</b>	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
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Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State <b>OH</b>	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount