

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Peoples							
To Whom Paid Zach Roberts, Franklin County Democratic Party				M	D	Y	Amount \$50.00
Address 271 E. State St.				Purpose Reimbursement for Banners for Fund-Raising Event			
City Columbus		State OH	Zip Code 43215	Check Number 1053			
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			
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.

\$50.00
Page Total \$ _____