

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Judge O'Donnell							
To Whom Paid Two Caterers				M 1	D 0	Y 0	Amount \$940.01
Address 550 S. High St.		Purpose food & beverages					
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Check Number 1042				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH <input type="checkbox"/>	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.

\$940.01
Page Total \$