

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For judge										
To Whom Paid Expenditures from form 31-F 4/22/10							M	D	Y	Amount \$583.67
Address			Purpose							
City			State OH	Zip Code		Check Number				
To Whom Paid Expenditures from form 31-F 5/26/10							M	D	Y	Amount \$143.65
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				