

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge								
To Whom Paid Golf Club of Dublin					M	D	Y	Amount
					0	4	1	7
					1	5		806.38
Address 5805 Eiterman Rd.				Purpose Food at 4/9/15 Fundraiser				
City Dublin		State O	H	Zip Code 43016	Check Number 1124			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	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.