

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline for Judge									
To Whom Paid Valter's at the Maennerchor						M	D	Y	Amount
						0	6	0	\$131.32
Address 976 South High Street		Purpose Fundraising event cost							
City Columbus	State OH	Zip Code 43206	Check Number Debit						
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.

\$131.32
Page Total \$