Event Date	5/19/16
Page	13

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			M D Y	Amount		
Ale House 1890			0 5 1 9 1 6	\$381.90		
dress Purpose						
151 W. Main Street	Fundraisin	Fundraising event cost				
City	Stalte			Check Number		
Lancaster	ОН	43130	Debit			
To Whom Paid	-	-	M D Y	Amount		
Address	Purpose		<u>1!_ </u>	<u> </u>		
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid	¥-•		M D Y	Amount		
Address	Purpose					
City	Stalte OH	Zip Code	Check Number			
To Whom Paid		-1-,	M D Y	Amount		
Address	Purpose	-	1. ' <u>. l ' .l '</u>	<u> </u>		
City	State OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose	-		•		
City	Stalite OH	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	I -		
City	Stalte 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.

\$381.90 Page Total \$ _____