31-B R.C. 3517.10

FOR PAPER FILING ONLY Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Chris Brown for Judge				
To Whom Paid Transferred from form 31-E			0 8 3 0 1 4	^{Ampun} 170
Address	Purpose		_1 ! ! _! ! ! _	<u></u>
City	State	Zip Code	Check Number	
Transferred from form 31-E			0 ^M 9 2 4 1 4	Amount 323.34
Address	Purpose		<u>. I. I. I. I. I.</u>	
City	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		_ <u>#_!!!!</u>	<u> </u>
City	OH State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose		<u> </u>	<u> </u>
City	OH State	Zip Code	Check Number	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	M D Y	Amount
Address	Purpose		<u>-1 ! ! . ! . ! ! ! </u>	
City	OH State	Zip Code	Check Number	
To Whom Paid	· · · ·	-	M D Y	Amount
Address	Ршроѕе		<u> </u>	
City	OH OH	Zip Code	Check Number	
To Whom Paid	·	W-1.	M D Y	Amount
Address	Purpose		. <u>. </u>	
City	OH	Zip Code	Check Number	
To Whom Paid		·	M D Y	Amount
Address	Purpose		. <u></u>	
City	OH State	Zip Code	Check Number	