

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|  |  |  |  |  |  |                        |   |                          |                             |
|--|--|--|--|--|--|------------------------|---|--------------------------|-----------------------------|
| Name of Committee in Full<br><b>Committee to Elect James W Brown</b> |  |  |  |  |  |                        |   |                          |                             |
| To Whom Paid<br><b>The Kitchen</b>                                   |  |  |  |  |  | M                      | D | Y                        | Amount<br><b>1,640.25</b>   |
| Address<br><b>231 East Livingston</b>                                |  |  |  |  |  | Purpose<br><b>Food</b> |   |                          |                             |
| City<br><b>Columbus</b>  |  |  |  |  |  | State<br><b>OH</b>     |   | Zip Code<br><b>43215</b> | Check Number<br><b>1003</b> |
| 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.

Page Total \$ 1,640.25