Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judg	1e			
To Whom Paid	,		M D Y	Amount
American Constitution Society	- T _B		0 4 0 4 1 2	\$25.00
Address 1333 H St, NW, 11th Floor	Purpose Tickets fo	!	ndance at Annual Awar	d Reception.
^{City} Washington	State DC	Zip Gode 20005	Check Number Electronic debit	Maring Miles
To Whom Paid Expenditures from Form 31-F			0 3 0 8 1 2	Amount \$280.00
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Ригрозе			
City	State OH	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose		*	
City	State OH	Zip Code	Check Number	
To Whom Paid	<u> </u>		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	