31-B R.C. 3517.10

## **Statement of Expenditures**

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|------|---|
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Prescribed by Secretary of State 2/01

| Name of Committee in Full Committee for Kim Brown for Judg | ge                            |                    |                      |               |
|--|-------------------------------|--------------------|----------------------|---------------|
| To Whom Paid<br>One New Toy c/o Central Ohio Lab           | 1 2 1 7 1 3                   | Amount<br>\$100.00 |                      |               |
| Address<br>1545 Alum Creek Drive, 2nd Floor                | Committee Charitable Donation |                    |                      |               |
| City<br>Columbus   | State<br>OH                   | Zip Code<br>43209  | Check Number<br>1051 |               |
| To Whom Paid   |                               |                    | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      |               |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   |                               |                    | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      | •             |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   | <u>-</u>                      | ·                  | MIN                  | Amount        |
| Address  | Purpose                       |                    |                      |               |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   | <u> </u>                      |                    | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      | ·             |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   |                               |                    | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      | <del></del> . |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   | <u> </u>                      | <del></del>        | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      |               |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| To Whom Paid   |                               |                    | M D Y                | Amount        |
| Address  | Purpose                       |                    |                      |               |
| City   | State<br>OH                   | Zip Code           | Check Number         |               |
| t  |                               | <u> </u>           |                      |               |