Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judg	ge			
To Whom Paid	<u> </u>			mount
Paypal (Lovering contribution)			0 1 2 6 1 2	\$3.20 ————
Address	Fee for e	electronic camp	paign contribution	
City	State OH	Zip Code	Check Number Electronic debit	
Paypal (Wheeler contribution)			0 1 2 7 1 2 A	\$1.75
Address	Fee for	electronic camp	paign contribution	
Сіц	State OH	Zip Code	Check Number Electronic debit	
To Whom Paid Paypal (Thomas contribution)			M D Y A	mount \$3.20
Address	Purpose Fee for 6	electronic camp	aign contribution	
City	State	Zip Code	Check Number	yes and a second
To Whom Paid	OH,	<u> </u>	Electronic debit M, D; Y; A	mount
•				
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	<u> </u>		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D' Y	Amount
Address	Purpose	· · · · · ·		
City	State OH	Zip Code	Check Number	