

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)									
To Whom Paid CLUB 185						M 0	D 2	Y 1	Amount 580.85
Address 185 E. LIVINGSTON AVE.		Purpose FOOD/DRINK EXPENSE FOR FUNDRAISING EVENT							
City COLUMBUS		State O	H H	Zip Code 43215		Check Number CREDIT CARD			
To Whom Paid FEDEXOFFICE						M 0	D 1	Y 2	Amount 47.56
Address 4157 MORSE CROSSING		Purpose COPIES OF EVENT FLIER							
City COLUMBUS		State O	H H	Zip Code 43219		Check Number DEBIT CARD			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	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.