31-F R.C. 3517,10

Event Date	8/1/12	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge)					
To Whom Paid			M	D ₁	Y Amount	
Jayme Staley			0 7	2 4 1	2 \$675.00	
Address 3602 Fishinger Mill Drive	Purpose Reimburs	Reimbursement for Postage for campaign fundraising invitations				
City Hilliard	State OH	Zip Code 43026	Check Nu 1029			
To Whom Paid Jayme Staley			0 8		2 \$1.69	
Address 3602 Fishinger Mill Drive			or campaign fundraiser			
_{City} Hilliard	State OH	Zip Code 43026	1030			
To Whom Paid Jayme Staley			0 8		Amount 2 \$113.58	
Address 3602 Fishinger Mill Drive	Purpose Reimbursement for paper supplies for campaign fundraiser					
ciiy Hilliard	Stajte OH	Zip Code 43026	Check Number 1031			
To Whom Paid Jayme Staley		0 8	1 1	Amount 2 \$168.59		
Address 3602 Fishinger Mill Drive	Purpose Reimbursement for beverages for campaign fundraiser					
city Hilliard	Stajle OH	Zip Code 43026	Check Number 1032			
To Whom Paid			M	D	Y Amount	
Address	Purpose					
City	State OH	Zip Code	Check Nu	Check Number		
To Whom Paid			М	D	Y Amount	
Address	Purpose			· ·	<u>-</u>	
City	Sta _{te}	Zip Code	Check Number			
To Whom Paid	<u></u>	<u> </u>	М	D	Y Amount	
Address	Purpose	·			_i	
City	Staite OH	Zip Code	Check Nu	unber		

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.

\$958.86
Page Total \$