

Event Date	09-21-10
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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 BREWERS YARD						M	D	Y	Amount			
						0	6	2	4	1	0	500.00
Address 585 S. FRONT ST.				Purpose VENUE RENTAL								
City COLUMBUS				State O H		Zip Code 43206		Check Number 1020				
To Whom Paid CATERING BY SCOTT						M	D	Y	Amount			
						0	9	2	1	1	0	346.25
Address 2980 E. BROAD ST.				Purpose FOOD								
City COLUMBUS				State O H		Zip Code 43209		Check Number 1027				
To Whom Paid OTIS DAVENPORT						M	D	Y	Amount			
						0	9	2	1	1	0	350.00
Address 2500 NIANTIC DRIVE				Purpose ENTERTAINMENT								
City COLUMBUS				State O H		Zip Code 43224		Check Number 1028				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		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.

Page Total \$	1,196.25
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