

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 KOMEN RACE FOR THE CURE						M 0	D 4	Y 2	Amount 420.00
Address 925 EASTWIND DR. STE 211		Purpose RACE FOR THE CURE ENTRY FEES							
City WESTERVILLE		State O	H H	Zip Code 43081		Check Number DEBIT CARD			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M 1	D 4	Y 1	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.