

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Section 1									
Name of Committee in Full									
REELECT JUDGE BROWNE! (RJB)	_			,	,				
To Whom Paid				M	Đ	Y .	Amount		
KOMEN RACE FOR THE CURE	To			0 4	12 5	1 6	<u> </u>	420.00	
Address	Purpose								
925 EASTWIND DR. STE 211	RACE FOR THE CURE ENTRY FEES State Zip Code Check Number								
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WESTERVILLE To Whom Paid	101	Н	43081	_	BIT C		America		
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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 5	420.00