

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/02

| | | | | | | | | |
|--|--|--|--------------------------|------------------------------|----|---|------|--------|
| Name of Committee in Full Committee to Elect James W Brown | | | | | | | | |
| To Whom Paid Rude Dog | | | | | M | D | Y | Amount |
| | | | | | 10 | 3 | 2014 | 44.01 |
| Address 1765 W. 3Rd. | | Purpose Fundraising Event/food | | | | | | |
| City Columbus | | State OH | Zip Code 43212 | Check Number Debit | | | | |
| 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 | | | | |
| 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.