

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 CLUB 185						M	D	Y	Amount			
						1	0	2	7	1	6	565.85
Address 185 E LIVINGSTON AVE				Purpose FUNDRAISER FOOD/BEVERAGE								
City COLUMBUS				State O H		Zip Code 43215		Check Number DEBIT CARD				
To Whom Paid SAMS CLUB						M	D	Y	Amount			
						1	0	2	7	1	6	75.19
Address 3950 MORSE ROAD				Purpose FUNDRAISER DECORATIONS/DESSERT								
City COLUMBUS				State O H		Zip Code 43219		Check Number DEBIT CARD				
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.