Event Date	10-27-18
Page	9

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		<del></del>			<del>_</del> .		
REELECT JUDGE BROWNE! (RJB)							
To Whom Paid	- <u>-</u>		М	D	ΙΥ	Amount	
CLUB 185			1 0	217	1 6		565.85
Address	Purpose		1210	<u> </u>	1110	<u> </u>	303.02
185 E LIVINGSTON AVE	FUNDRA	AISER FOOD/BEV	VERAC	ΞE			
City	State	Zip Code		Number			
COLUMBUS	OH	43215	DE	BIT C	ARD		
To Whom Paid		<del></del>	М	D	Y	Amount	·-
SAMS CLUB			1 0	2 7	1 6		75.19
Address	Purpose	A ICED DECODAR		D 1700			
3950 MORSE ROAD	State	AISER DECORAT		DE55	EKI		
COLUMBUS	1 - 1	43219		BIT C	ממגי		
To Whom Paid	O   H	43219	M	DITC	AKD Y	Amount	
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Address	Purpose			<u> </u>	<u> </u>	<b>.</b>	
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Address	Purpose			<u> </u>	1		
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City	State	Zip Code	CileCk I	vanioei			
To Whom Paid	1		М	D	Ту	Amount	
				lт			
Address	Purpose		!!	<u> </u>	1 !		
City	State	Zip Code	Check N	Vumber			

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 \$641_04_