

|            |          |
|------------|----------|
| Event Date | 06/23/16 |
| Page       | 22       |

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|   |  |             |  |  |                     |   |   |        |
|---|--|-------------|--|--|---------------------|---|---|--------|
| Name of Committee in Full<br>Jeffrey M. Brown for Judge |  |             |  |  |                     |   |   |        |
| To Whom Paid<br>Jeffrey M. Brown                        |  |             |  |  | M                   | D | Y | Amount |
|   |  |             |  |  | 0                   | 7 | 0 | 1      |
|   |  |             |  |  | 1                   | 6 |   | 42.13  |
| Address<br>126 Aldrich Rd.                              |  |             | Purpose<br>Reimbursement for Food/Drink Expenses |  |                     |   |   |        |
| City<br>Columbus  |  | State<br>OH | Zip Code<br>43214                                |  | Check Number<br>119 |   |   |        |
| 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        |   |   |        |
| 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.

|               |       |
|---------------|-------|
| Page Total \$ | 42.13 |
|---------------|-------|