

31-F
R.C. 3517.10

Event Date 1/15/13
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge				
To Whom Paid Johnny Brown	M 0	D 2	Y 1 4 1 3	Amount \$350.35
Address 106 N. High Street, # 604		Purpose Reimbursement for food and beverages at campaign fundraiser.		
City Columbus	State OH	Zip Code 43215	Check Number 1049	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid	M	D	Y	Amount
Address		Purpose		
City	State OH	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.

\$350.35
Page Total \$