

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline For Judge									
To Whom Paid Kroger						M	D	Y	Amount
						0	2	0	\$117.10
Address 150 West Sycamore St				Purpose Beverage for Event					
City Columbus				State OH	Zip Code 43215		Check Number Debit		
To Whom Paid Kroger						M	D	Y	Amount
						0	2	0	\$106.48
Address 150 West Sycamore St				Purpose Beverage for Event					
City Columbus				State OH	Zip Code 43215		Check Number Debit		
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.

\$223.58

Page Total \$