Event Date	2/4/16
Page 1	<del></del>

## **Statement of Expenditures for Social or Fund-Raising Event**

Prescribed by Secretary of State 2/01

Name of Committee in Full			<u> </u>			
Committee to Elect Kline For Judge				···		
To Whom Paid			M D Y	Amount		
Kroger			0 2 0 4 1 6	\$117.10		
Address Purpose			<u> </u>			
150 West Sycamore St	for Event					
City		State Zip Code				
Columbus	ОН	43215	Debit			
To Whom Paid			M D Y	Amount		
Kroger			0 2 0 4 1 6	\$106.48		
Address St. 150 Mark St. 150 Ma	Purpose		•			
150 West Sycamore St		Beverage for Event				
City	State	Zip Code	Check Number			
Columbus To Whom Paid	OH	43215	Debit			
10 wildin Pald			M D Y	Amount		
Address	D	<del></del>				
Addies	rutpose	Purpose				
City	State	Zip Code	Check Number			
,	OH	Eip code	CHECK IVIIIIDEI			
To Whom Paid			M D Y	Amount		
				Allount		
Address						
	Purpose					
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid	<u> </u>		M D Y	Amount		
•						
Address	Ригроѕе			<u> </u>		
City	State	Zip Code	Check Number			
•	OH					
To Whom Paid			M D Y	Amount		
	_					
Address	Ршроѕе	<del></del>				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M D Y	Amount		
	<u> </u>		A	<u> </u>		
Address	Purpose	<del></del>	· <del></del>	- <del>-</del>		
		-				
City	State	Zîp Code	Check Number			
1.	ОН	<u> </u>		•		

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 \$ \_\_\_\_\_