

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Chris Brown for Judge												
To Whom Paid Mark Collins						M	D	Y	Amount			
						0	9	3	0	1	4	1066.62
Address 492 S. High St.				Purpose Fundraiser Hosting								
City Columbus				State OH	Zip Code 43215		Check Number 1028					
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.