

Event Date 3/8/12

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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 Evan Kleymeyer					M	D	Y	Amount \$280.00	
Address 127 W. Hubbard Street					Purpose Reimbursement for Fundraiser beverage/bar tab.				
City Columbus					State OH	Zip Code 43215		Check Number 1010	
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.

\$280.00

Page Total \$