

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 \$37.23
Address 127 W. Hubbard Street						Purpose Reimbursement for envelopes for 5/16/12 fundraiser invitations.			
City Columbus						State OH	Zip Code 43215		Check Number 1018
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.