

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 Safari Gold Club						M 0	D 8	Y 2	Y 0	Y 1	Y 6	Amount \$1,238.28
Address PO Box 400				Purpose Fundraising event cost								
City Powell				State OH		Zip Code 43065		Check Number Debit				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State OH		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	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.

\$1,238.28
Page Total \$