

Event Date	<u>12-8-15</u>
Page	<u>7</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)									
To Whom Paid KIM BROWNE						M 1	D 2	Y 1	Amount 2,252.71
Address 1094 CRESWELL DR.		Purpose REIMBURSEMENT OF ITEMS LISTED IN EXHIBIT A							
City NEW ALBANY		State O H	Zip Code 43054		Check Number 1093				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State	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.

Page Total \$	<u>2,252.71</u>
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