

Event Date	7-31-10
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full REELECT JUDGE BROWNE! (R)B)										
To Whom Paid CATERING BY SCOTT						M	D	Y	Amount	
						0	7	2	1	591.49
Address 2980 E. BROAD ST.				Purpose FOOD						
City COLUMBUS				State O H		Zip Code 43209		Check Number 1022		
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 \$	591.49
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