

Event Date 4 26 2009

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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Barrows for Judge									
To Whom Paid Michael David Brown dba re:action llc						M 0	D 4	Y 1	Amount 2,000.00
Address 613 Mohawk Street		Purpose Clippers Fundraiser Retainer Fee							
City Columbus		State O	H H	Zip Code 43206	Check Number 1062				
To Whom Paid Michael David Brown dba re:action llc						M 0	D 4	Y 3	Amount 1,525.00
Address 613 Mohawk Street		Purpose Clippers Fundraiser Tickets							
City Columbus		State O	H H	Zip Code 43206	Check Number 1061				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	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 \$ 3,525.00