

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 Classics Sports Bar						M	D	Y	Amount
						0	7	2	\$100.00
Address 543 S. High Street				Purpose Fundraising event cost Beverage					
City Columbus		State OH		Zip Code 43215		Check Number Debit			
To Whom Paid Classics Sports Bar						M	D	Y	Amount
						0	7	2	\$61.00
Address 543 S. High Street				Purpose Fundraising event cost Beverage					
City Columbus		State OH		Zip Code 43215		Check Number Debit			
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.

\$161.00

Page Total \$