

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 CLASS ACT'S COLUMBUS						M 1	D 1	Y 7	Amount 250.00
Address 245 MOUNT VERNON AVE. STE. 100		Purpose ENTERTAINMENT							
City COLUMBUS		State O	H H	Zip Code 43215	Check Number 1035				
To Whom Paid CATERING BY SCOTT						M 1	D 1	Y 7	Amount 707.63
Address 2980 E. BROAD ST.		Purpose FOOD							
City COLUMBUS		State O	H H	Zip Code 43209	Check Number 1037				
To Whom Paid VICTORYS						M 1	D 1	Y 7	Amount 425.00
Address 543 S. HIGH ST.		Purpose BEVERAGES							
City COLUMBUS		State O	H H	Zip Code 43215	Check Number 1036				
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.