31-B R.C. 3517.10

Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge				···
To Whom Paid Expenditures from form 31-F			0 8 0 1 1 2	Amount \$958.86
Address	Ригроѕс			
City	State OH	Zip Code	Check Number	
To Whom Paid PayPal (Campbell Contribution)			0 6 2 7 1 2	Amount \$7.55
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		<u> </u>	· · · · · · · · · · · · · · · · · · ·
City	State OH	Zip Code	Check Number	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	·	M D Y	Amount
Address	Purpose			
City	OH.	Zip Code	Check Number	* ************************************
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	
City	State	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	: