

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Chris Brown for Judge										
To Whom Paid Jimmy V's Tavern				M 0	D 6	Y 0	Y 5	Y 1	Y 4	Amount \$95.67
Address 912 S. High St.		Purpose Drinks/Food								
City Columbus		State OH	Zip Code 43206		Check Number 1014 (not cleared)					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Y	Y	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.

\$95.67
Page Total \$