Event Date	4/28/16					
Page 24						

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Variable of Full					
Name of Committee in Full Committee to Elect Kline for Judge					
To Whom Paid			M D Y	Amount	
High Beck Tavrn			0 4 2 8 1 6	\$200.00	
Address	Purpose		101110101110	4200.00	
564 S. High Street	Fundraisir	Fundraising event cost			
City	Stalte	Zip Code	Check Number		
Columbus	ОН	43215	Debit		
To Whom Paid		<u></u>	M D Y	Amount	
Address	Purpose	<u></u>		<u>.</u>	
City	State	Zip Code	Check Number		
	OH.				
To Whom Paid		<u>'</u>	M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
To Whom Paid	ОН				
10 Whom Faid				Amount	
Address	Purpose				
City	Stafte OH	Zip Code	Check Number		
To Whom Paid	· · · · · ·		M D Y	Amount	
Address	Purpose				
City	Stajte OH	Zip Code	Check Number		
To Whom Paid		l	M D Y	Amount	
Address	Purpose				
City	Stajte OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose	_	· ' ! !	<u> </u>	
City	State OH	Zip Code	Check Number		
	<u> </u>				

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.

\$200.00
Page Total \$