

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 High Beck Tavrñ						M	D	Y	Amount			
						0	4	2	8	1	6	\$200.00
Address 564 S. High Street				Purpose Fundraising event cost								
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						
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.

<p>\$200.00</p> <p>Page Total \$</p>
