31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	1/15/13	
Page <u>6</u>		

Name of Committee in Full Committee for Kim Brown for Judg	e						
Full Name of Contributor			Registration Number, if PAC				
Stephen Dehnart							
Street Address	Employer/Occupation/Labor Organization* Attorney			. ^r i _ l	.Y	Amount	
52 Westerville Square, #169				1 !	1 3	\$100.00	
City	Sta' te	Zip Code	Form (Ca	sn, Cneci	i, etc.)		
Westerville	OH	43081	Cash Registration Number, if PAC				
Full Name of Contributor			Registra	лон түшн	DC1, 11 F2		
Street Address	Employer/Occupation/Labor Organization*		M	D	ή	Amount	
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City	Sta te	Zip Code	Form (Ca	ish, Chec	K, etc.)		
	OH	<u> </u>	Daries .	tion Num	Las JED		
Full Name of Contributor			Registra	non Nun	oer, it r	AC .	
Street Address	Employer/Occupa	ation/Labor Organization*	M	Dζ	η_	Amount	
atiet Address	Employer/Occupation Zaloo, organization						
City	Stal te	Zip Code	Form (C	sh, Chec	k, etc.)		
Cuy	OH						
Full Name of Contributor			Registra	tion Nur	ber, if F	AC	
			Mŧ -	i R	. VI	Amount	
Street Address	Employer/Occup	ation/Labor Organization*		١		Ашови	
City	Sta le	Zip Code	Form (C	ash, Chec	k, etc.)	Contract to the	
•	OH						
Full Name of Contributor			Registr	ation Num	nber, if I	PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
				<u> </u>			
City	Stal te Zip Code OH		Form (Cash, Check, etc.)				
			Registration Number, if PAC				
Full Name of Contributor							
Street Address	Employer/Occup	pation/Labor Organization*	М	D	M	Amount	
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City	Stal te OH	Zip Code	rom (c	Cash, Che	CK, EIC.,		
Full Name of Contributor		_!	Regist	ration Nu	mber, if	PAC	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	t that On the stand	M _t	DZ	į yl	Amount	
Street Address	Employer/Occu	pation/Labor Organization*					
City	Stat te	Zip Code	Form (Cash Ch	ck, etc.)	
City	OH.						
• Required for contributions from individuals over \$10		annubly condidates if contri	hutor is self-en	havoler	the occ	unation and the name	

Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total	contributions	this c	vent

\$5,365.00

Total expenditures this event.

\$350.35

\$100.00 Page Total S

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll ded labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]