

Event Date 0/29/201.

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Statement of Contributions Received  
at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee for Kim Brown for Judge				
Full Name of Contributor Paul W. Leithart, II			Registration Number, if PAC	
Street Address 13 Misty Oak Place	Employer/Occupation/Labor Organization* Attorney		M   D   Y 1   0   2   9   1   8	Amount 100.00
City Gahanna	State O   H	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor **Roger Koeck			Registration Number, if PAC	
Street Address 6257 Emberwood Road	Employer/Occupation/Labor Organization* Attorney		M   D   Y 1   0   2   9   1   8	Amount 100.00
City Dublin	State O   H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Martha Phillips			Registration Number, if PAC	
Street Address 43 E. Beck Street	Employer/Occupation/Labor Organization* Investigator		M   D   Y 1   0   2   9   1   8	Amount 50.00
City Columbus	State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Wolfe Law Group, LLC			Registration Number, if PAC	
Street Address 1350 W. 5th Avenue, Suite 330	Employer/Occupation/Labor Organization* Lawfirm		M   D   Y 1   0   2   9   1   8	Amount 250.00
City Columbus	State O   H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Otto Beatty, Jr. Co. L.P.A.			Registration Number, if PAC	
Street Address 175 S. 3rd Street, Suite 200	Employer/Occupation/Labor Organization* Lawfirm		M   D   Y 1   0   2   9   1   8	Amount 100.00
City Columbus	State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor **Blaise Baker			Registration Number, if PAC	
Street Address 277 Brevoort Road	Employer/Occupation/Labor Organization* Attorney		M   D   Y 1   0   2   9   1   8	Amount 300.00
City Columbus	State O   H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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 form No. 31-E" and list the date of the event in the date column.

Total contributions this event

900.00

Total expenditures this event

Page Total \$ 900.00