

31-E
R.C. 3517.10(B)

Event Date 1/15/13

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Kim Brown for Judge					
Full Name of Contributor Brian J. Rigg				Registration Number, if PAC	
Street Address 755 South High Street		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 1 5 1 3	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) cash	
Full Name of Contributor Thomas A. Gjostein				Registration Number, if PAC	
Street Address 6720 Hayhurst St		Employer/Occupation/Labor Organization*		M D Y 0 1 1 5 1 3	Amount \$350.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Carole Depaola				Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane		Employer/Occupation/Labor Organization*		M D Y 0 1 1 5 1 3	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Zeiger, Tigges & Little, LLP (John Zeiger 50% and Steve Tigges 50%)				Registration Number, if PAC	
Street Address 41 South High Street, Suite 3500		Employer/Occupation/Labor Organization* law firm		M D Y 0 1 1 5 1 3	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Vassy Law Office				Registration Number, if PAC	
Street Address 145 E. Rich Street, 2nd Floor		Employer/Occupation/Labor Organization* law firm		M D Y 0 1 1 5 1 3	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Gregory H. Melick				Registration Number, if PAC	
Street Address 7222 Marylebury Square		Employer/Occupation/Labor Organization* Attorney - Luper Neidentha		M D Y 0 1 1 5 1 3	Amount \$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor John Fitch				Registration Number, if PAC	
Street Address 580 S. High Street, Suite 100		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 1 5 1 3	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$5,365.00

Total expenditures this event.

\$350.35

Page Total \$ 1,500.00