

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 Sally Bloomfield			Registration Number, if PAC	
Street Address 3741 Romnay Road	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 0 7 1 8	Amount 250.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor Michael Carpenter			Registration Number, if PAC	
Street Address 280 North High Street, Suite 1300	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 0 1 1 8	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor **Mark Collins			Registration Number, if PAC	
Street Address 492 S. High Street, 3rd Floor	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 5 1 8	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor John Kulewicz			Registration Number, if PAC OH109	
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 4 1 8	Amount 3,800.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor **Keith Edwards Attorney at Law, LLC			Registration Number, if PAC	
Street Address 283 South Third Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 1 5 1 8	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Jennifer Flint			Registration Number, if PAC	
Street Address 6908 Perry Drive	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 5 1 8	Amount 100.00
City Worthington	State O H	Zip Code 43085	Form (Cash, Check, etc) Check	
Full Name of Contributor Richard Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization* Judge		M D Y 0 2 1 5 1 8	Amount 250.00
City Upper Arlington	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	

* 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

Total expenditures this event

Page Total \$ 5,400.00

**On appointed counsel list.