

31-E  
R.C. 3517.10(B)

Event Date 9/18/12

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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 James E. Davidson				Registration Number, if PAC	
Street Address 5163 Chaffinch Court		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$150.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven D. Forry				Registration Number, if PAC	
Street Address 1397 Haines Avenue		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen P. Samuels				Registration Number, if PAC	
Street Address 320 N. Parkview Avenue		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor John P. Gilligan				Registration Number, if PAC	
Street Address 1420 Castleton Road N		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Patrick A. Devine				Registration Number, if PAC	
Street Address 296 N Remington Road		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph M. Reidy				Registration Number, if PAC	
Street Address 196 Glencoe Road		Employer/Occupation/Labor Organization* Attorney - Ice Miller LLP		M 0 D 9 Y 1 8 1 2	Amount \$100.00
City Columbus		State OH	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 OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$2,400.00

Total expenditures this event.

\$0.00

Page Total \$ 650.00