

31-E  
R.C. 3517.10(B)

Event Date 4/3/12

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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 Katherine M. Stewart		Registration Number, if PAC	
Street Address 363 Demorest Road	Employer/Occupation/Labor Organization*	M   D   Y 0   4   0   3   1   2	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check
Full Name of Contributor Karen Held Phipps		Registration Number, if PAC	
Street Address 4333 Reed Road	Employer/Occupation/Labor Organization*	M   D   Y 0   4   0   3   1   2	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor Gerhardt A. Gosnell II		Registration Number, if PAC	
Street Address 31 S. Cassady Avenue	Employer/Occupation/Labor Organization*	M   D   Y 0   4   0   3   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor LT Consult, LLC		Registration Number, if PAC	
Street Address 4285 Lawnview Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   4   0   3   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check
Full Name of Contributor Paula L. Brooks		Registration Number, if PAC	
Street Address 4585 Benderton Ct.	Employer/Occupation/Labor Organization* Commissioner	M   D   Y 0   4   0   3   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor Richard A. Frye		Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization* Common Pleas Judge	M   D   Y 0   4   0   3   1   2	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) check
Full Name of Contributor Jeffrey D. Mackey		Registration Number, if PAC	
Street Address 1538 Melrose Avenue	Employer/Occupation/Labor Organization*	M   D   Y 0   4   0   3   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43224	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

\$2,700.00

Total expenditures this event.

\$0.00

Page Total \$ 700.00