

31-E
R.C. 3517.10(B)

Event Date 3/28/2018

Page 3

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 **Eric Hoffman			Registration Number, if PAC		
Street Address 338 S. High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 28
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address			M	D	Y
City			Form(Cash,Check,etc)		Amount

* 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

3,500.00

Total Expenditures This Event
\$5.50

Page Total \$ 100.00

** On appointed counsel list.