

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 **Christopher Cooper			Registration Number, if PAC	
Street Address 3055 Cleveland Avenue	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 2 8 1 8	Amount 200.00
City Columbus	State O H	Zip Code 43224	Form(Cash,Check,etc) Credit Card	
Full Name of Contributor Onda, LaBuhn, Rankin & Boggs Co., LPA			Registration Number, if PAC	
Street Address 35 North Fourth Street, Suite 100	Employer/Occupation/Labor Organization* law firm		M D Y 0 3 2 7 1 8	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization* law firm		M D Y 0 3 2 7 1 8	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Law Offices of Daniel Mordarski			Registration Number, if PAC	
Street Address 5 East Long Street, Suite 1100	Employer/Occupation/Labor Organization* law firm		M D Y 0 3 2 6 1 8	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Iron Workers Local Union 172			Registration Number, if PAC	
Street Address 2867 S. High Street	Employer/Occupation/Labor Organization* Union		M D Y 0 3 2 8 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor **Joseph L. Mas			Registration Number, if PAC	
Street Address 330 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 2 8 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Jordan Hoffman			Registration Number, if PAC	
Street Address 2722 Bexley ParkRoad	Employer/Occupation/Labor Organization* Student		M D Y 0 3 2 8 1 8	Amount 50.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Cash	

* 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 \$ 1,750.00

** On appointed counsel list.