31-E R.C. 3517.10(B)

Event Date 5/16/12	
Page 2	

## 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	<b>;</b>				
Full Name of Contributor Luanne England			Registration Number, if PAC		
	<del></del>				
Street Address 3515 Canberra Court	Employer/Occupation/Labor Organization*		0 5 3 1 1	2 \$50.00	
City Westerville	Sta <sup>t</sup> te OH	Zip Code 43081	Form (Cash, Check, etc.		
Full Name of Contributor			Registration Number,	FPAC	
James Savage, III					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y	Amount	
8127 Winchcombe Drive			0 5 3 1 1	L.	
City	Sta te	Zip Code	Form (Cash, Check, etc		
Dublin	OH	43016	check		
Full Name of Contributor  John T. Conroy			Registration Number, i	if PAC	
Street Address			M D Y	Amount	
3363 Tremont Road STE 104C	Employer/Occupation/Labor Organization*		0 5 3 1 1	1	
City	Starte	Zip Code	Form (Cash, Check, etc		
Columbus	OH.	43221	check		
Full Name of Contributor	<del></del>	1	Registration Number, i	f PAC	
Kristin Boggs					
Street Address 1361 Bluff Ave., Unit A	Employer/Occupation/Labor Organization*		0 5 3 1 1	Amount 2 \$25.00	
City	Stafte	Zip Code	Form (Cash, Check, etc	a) S The second second	
Grandview	OH	43212	check		
Full Name of Contributor Plumbers & Pipefitters L.U. 189			Registration Number, PEC Entity #6		
Street Address 1250 Kinnear Road	Employer/Occupation/Labor Organization*		0 5 3 1 1	2 \$575.00	
City Columbus	Sial te	Zip Code 43212	Form (Cash, Check, etc check	E.)	
	OH,	43212			
Full Name of Contributor Abe Bahgat Co LPA			Registration Number,	if PAC	
Street Address 338 S. High Street	Employer/Occupation/Labor Organization*		0 5 3 1 1 2	2 \$100.00	
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc check		
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP	· · · · · · · · · · · · · · · · · · ·		Registration Number,	IFPAC	
Street Address 250 East Broad Street	Employer/Occupation/Labor Organization*  Law Firm		0 5 3 1 1		
Ciry Columbus	Sia <sup>l</sup> te OH	Zip Code 43215	Form (Cash, Check, etc check	2.)	

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

\$2,670.00

Total expenditures this event.

\$37.23

Page Total \$ 1,500.00

<sup>\*</sup> 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)]