

31-E

R.C. 3517.10(B)

Event Date 9/14/12

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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 Sherrill Howard				Registration Number, if PAC	
Street Address 983 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) cash	
Full Name of Contributor Janet Lucas				Registration Number, if PAC	
Street Address 983 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) cash	
Full Name of Contributor Joe Wagner				Registration Number, if PAC	
Street Address 1038 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) cash	
Full Name of Contributor Robert D. Stokes				Registration Number, if PAC	
Street Address 1042 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Kathleen Houston-Stokes				Registration Number, if PAC	
Street Address 1042 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard J. Wood				Registration Number, if PAC	
Street Address 4067 Edgehill Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 1 2	Amount \$20.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Lora A. Chappelle-Pearson				Registration Number, if PAC	
Street Address 2309 Zollinger Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$75.00
City Columbus		State OH	Zip Code 43221	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

\$320.00

Total expenditures this event.

\$0.00

Page Total \$

\$195.00