

31-E
R.C. 3517.10(B)

Event Date 3/30/2018
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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 Nelson Reid			Registration Number, if PAC	
Street Address 8252 Spruce Needle Court	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 1 3 1 8	Amount 600.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Heather Susec			Registration Number, if PAC	
Street Address 329 Brinns Blvd	Employer/Occupation/Labor Organization* Legal Assistant		M D Y 0 8 3 0 1 8	Amount 50.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Casey Cross			Registration Number, if PAC	
Street Address 117 Cooper Drive	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 3 0 1 8	Amount 50.00
City St. Clairsville	State O H	Zip Code 43950	Form(Cash,Check,etc) Check	
Full Name of Contributor Jim Flynn			Registration Number, if PAC	
Street Address 8365 Somerset Way	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 3 0 1 8	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Carolyn Vinyard			Registration Number, if PAC	
Street Address 6777 Rimmer Court	Employer/Occupation/Labor Organization* Bricker & Eckler		M D Y 0 8 3 1 1 8	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Jack Rosati			Registration Number, if PAC	
Street Address 13495 State Route 38 SE	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 3 0 1 8	Amount 250.00
City London	State O H	Zip Code 43140	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Robinson			Registration Number, if PAC	
Street Address 616 Juniper Lane	Employer/Occupation/Labor Organization* Legal Assistant		M D Y 0 8 3 0 1 8	Amount 25.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check	

* 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 \$ 1,075.00