

31-E  
R.C. 3517.10(B)Event Date 2/15/2018  
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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 <b>Committee for Kim Brown for Judge</b>				
Full Name of Contributor <b>Steve Tigges</b>			Registration Number, if PAC	
Street Address <b>41 South High Street, Suite 3500</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   2   0   1   1   8</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>**Stephen Wolfe</b>			Registration Number, if PAC	
Street Address <b>1350 W 5th Ave, Suite 330</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   2   1   5   1   8</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Mary Woods</b>			Registration Number, if PAC	
Street Address <b>357 Pinney Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   5   1   8</b>	Amount <b>200.00</b>
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	

\* 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

15,200.00

Total Expenditures This Event  
\$0

Page Total \$ 1,200.00

**\*\* On appointed counsel list.**