

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 Marlowe Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Drive	Employer/Occupation/Labor Organization* Attorney		M 0 5 2 4 1 8	D Y Amount 75.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Bradley Koffel			Registration Number, if PAC	
Street Address 1801 Watermark Drive, Suite 350	Employer/Occupation/Labor Organization* Attorney		M 0 5 2 4 1 8	D Y Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
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)	
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
1,875.00

Total expenditures this event

Page Total \$ 575.00