

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 Blaise Baker			Registration Number, if PAC	
Street Address 600 S. High Street, Suite 201	Employer/Occupation/Labor Organization* Attorney		M 0	D 2
City Columbus	State OH	Zip Code 42315	Y 8	Amount \$600.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Eric J. Hoffman			Registration Number, if PAC	
Street Address 2722 Bexley Park Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 2
City Bexley	State OH	Zip Code 43209	Y 8	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Paul Scott Co., LPA			Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 8	Amount \$1,000.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Jeremy Dodgion Attorney At Law, Co., LPA			Registration Number, if PAC	
Street Address 1188 South High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 8	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	

* 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

\$2,550.00

Total expenditures this event.

\$250.00

Page Total \$ 1,800.00