

31-E

R.C. 3517.10(B)

Event Date 5/23/12

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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 Gregory Foliano				Registration Number, if PAC	
Street Address 405 W 6th Avenue		Employer/Occupation/Labor Organization* Arnold, Todaro & Welch		M D Y 0 5 2 3 1 2	Amount \$200.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy I. Maglione				Registration Number, if PAC	
Street Address 2570 Onandaga Drive		Employer/Occupation/Labor Organization* OSMA		M D Y 0 5 2 3 1 2	Amount \$100.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor David R. Hasman				Registration Number, if PAC	
Street Address 60 E. Spring Street, Unit 106		Employer/Occupation/Labor Organization*		M D Y 0 5 2 3 1 2	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Frank T. Pandora, II				Registration Number, if PAC	
Street Address 10298 Wellington Blvd		Employer/Occupation/Labor Organization* OhioHealth - Sr. VP and G		M D Y 0 5 2 3 1 2	Amount \$100.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Elizabeth H. Watts				Registration Number, if PAC	
Street Address 1025 Melinda Drive		Employer/Occupation/Labor Organization*		M D Y 0 5 2 3 1 2	Amount \$50.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Melissa M. Bondy				Registration Number, if PAC	
Street Address 1340 Glenn Avenue		Employer/Occupation/Labor Organization*		M D Y 0 5 2 3 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Hansel H. Rhee				Registration Number, if PAC	
Street Address 8145 Summerhouse Drive West		Employer/Occupation/Labor Organization*		M D Y 0 5 2 3 1 2	Amount \$100.00
City Dublin		State OH	Zip Code 43016	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

\$7,155.00

Total expenditures this event.

\$0.00

Page Total \$ 625.00
