

31-E

R.C. 3517.10(B)

Event Date 2/28/13

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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					Registration Number, if PAC	
Full Name of Contributor Doug Shaw			Employer/Occupation/Labor Organization*		Amount	
Street Address 555 City Park Avenue		City Columbus		State OH	Zip Code 42315	Amount \$100.00
Full Name of Contributor William S. Ireland			Employer/Occupation/Labor Organization*		Amount	
Street Address 85 Liberty Street		City Columbus		State OH	Zip Code 43215	Amount \$50.00
Full Name of Contributor Gregory D. Slemmer			Employer/Occupation/Labor Organization*		Amount	
Street Address 1188 S. High Street		City Columbus		State OH	Zip Code 43206	Amount \$100.00
Full Name of Contributor Edward J. Emsweller			Employer/Occupation/Labor Organization*		Amount	
Street Address 145 B East Livingston Avenue		City Columbus		State OH	Zip Code 43215	Amount \$25.00
Full Name of Contributor Joseph Landusky			Employer/Occupation/Labor Organization*		Amount	
Street Address 901 S. High Street		City Columbus		State OH	Zip Code 43206	Amount \$100.00
Full Name of Contributor James P. Burnes			Employer/Occupation/Labor Organization*		Amount	
Street Address 2428 Canterbury Road		City Columbus		State OH	Zip Code 43221	Amount \$100.00
Full Name of Contributor Sylvia Gillis			Employer/Occupation/Labor Organization*		Amount	
Street Address 1810 N. Devon Road		City Upper Arlington		State OH	Zip Code 43212	Amount \$275.00

* 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 \$

\$750.00