

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 Adam S. Friedman			Registration Number, if PAC	
Street Address 139 E. Lakeview	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 35.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda A. Vozel			Registration Number, if PAC	
Street Address 6341 Beaver Lake Dr.	Employer/Occupation/Labor Organization* Retired Homemaker		M D Y 0 1 2 6 1 2	Amount 125.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Serrott			Registration Number, if PAC	
Street Address 789 Northwest Blvd. #A	Employer/Occupation/Labor Organization* Judge		M D Y 0 1 2 6 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash	
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 111 W. Rich St., Ste 600	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 1 2 6 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard A. Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization* Judge		M D Y 0 1 2 6 1 2	Amount 200.00
City Upper Arlington	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Ganio			Registration Number, if PAC	
Street Address 106 N. High St., #306	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ruth E. Lantz			Registration Number, if PAC	
Street Address 106 N. High St., #804	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	

* 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

\$3,985.00

Total expenditures this event

\$ 0

Page Total \$ 860.00