

31-E
R.C. 3517.10(B)

Event Date 5/20/2018
Page 2

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 Sean Alto			Registration Number, if PAC	
Street Address 823 McClain Road	Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 2 0 1 8	Amount 100.00
City Grandview	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor Edwin Malek			Registration Number, if PAC	
Street Address 1227 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 2 0 1 8	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor Mary Cannon			Registration Number, if PAC	
Street Address 343 Southwood Avenue	Employer/Occupation/Labor Organization* Director		M D Y 0 6 2 0 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form (Cash, Check, etc) Check	
Full Name of Contributor Richard Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization* Judge		M D Y 0 6 2 0 1 8	Amount 100.00
City Upper Arlington	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor **Thomas Waldeck			Registration Number, if PAC	
Street Address 1027 Peggys Cv	Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 2 0 1 8	Amount 150.00
City Reynoldsburg	State O H	Zip Code 43065	Form (Cash, Check, etc) Check	
Full Name of Contributor George Pallas			Registration Number, if PAC	
Street Address 106 North High Street, Apt 601	Employer/Occupation/Labor Organization* IT Consulting Engineer		M D Y 0 6 2 0 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor John Zeiger			Registration Number, if PAC	
Street Address 41 South High Steret, Suite 3500	Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 2 0 1 8	Amount 600.00
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.

** On appointed counsel list.

Total contributions this event

Total expenditures this event

Page Total \$ **1 100 00**