

31-E

R.C. 3517.10(B)

Event Date 8/15/12

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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 Steven A. Larson			Registration Number, if PAC	
Street Address 4967 Smoketalk Lane	Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 2	Amount \$250.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Philip B. Kaufman			Registration Number, if PAC	
Street Address 341 South 3rd Street, Suite 300	Employer/Occupation/Labor Organization* Attorney		M D Y 0 8 1 5 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Abraham Law Offices			Registration Number, if PAC	
Street Address 24 North High Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 8 1 5 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 8 1 5 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas F. Charlesworth & Assoc.			Registration Number, if PAC	
Street Address 1654 East Broad Street, Suite 301	Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 2	Amount \$150.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) check	
Full Name of Contributor Woody Fox			Registration Number, if PAC	
Street Address 233 N Bend Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 2	Amount \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check	
Full Name of Contributor Shad Phipps			Registration Number, if PAC	
Street Address 4333 Reed Road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 2	Amount \$200.00
City Columbus	State OH	Zip Code 43220	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

\$2,635.00

Total expenditures this event.

\$0.00

Page Total \$ 1,900.00