

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 OhioHealth Star Corp PAC				Registration Number, if PAC C00210617			
Street Address 180 East Broad Street, 34th Floor		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC OH821			
Street Address 100 South Third Street		Employer/Occupation/Labor Organization* Law Firm		M 0	D 6	Y 0	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor James Burnes				Registration Number, if PAC			
Street Address 2428 Canterbury Road		Employer/Occupation/Labor Organization* Attorney		M 0	D 6	Y 0	Amount \$200.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Drew Campbell				Registration Number, if PAC			
Street Address 155 Oakland Park Avenue		Employer/Occupation/Labor Organization* Attorney		M 0	D 6	Y 2	Amount \$250.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Electronic			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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 \$ 1,550.00