

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 Deborah Gordon			Registration Number, if PAC	
Street Address 1355 Kellerman Court	Employer/Occupation/Labor Organization* Beverage Manager		M 0 3 2 7 1 8	D Y Amount 100.00
City Columbus	State O H	Zip Code 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor John Berlin			Registration Number, if PAC	
Street Address 1 Miranova Place, # 620	Employer/Occupation/Labor Organization* Self-employed		M 0 3 2 7 1 8	D Y Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Teresa Black			Registration Number, if PAC	
Street Address 110 N Third Street, Unit # 202	Employer/Occupation/Labor Organization* CFO		M 0 3 2 7 1 8	D Y Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Alesia Bock			Registration Number, if PAC	
Street Address 250 S. High Street, #1100	Employer/Occupation/Labor Organization* Self Employed		M 0 3 2 8 1 8	D Y Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mac Worthington Studio			Registration Number, if PAC	
Street Address 5935 Houseman Road	Employer/Occupation/Labor Organization* Artist		M 0 3 2 7 1 8	D Y Amount 50.00
City Ostrander	State O H	Zip Code 43061	Form(Cash,Check,etc) Check	
Full Name of Contributor Doucet for the People			Registration Number, if PAC	
Street Address 545 Town Street	Employer/Occupation/Labor Organization* 		M 0 4 0 3 1 8	D Y Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Johnny Brown			Registration Number, if PAC	
Street Address 106 N. High Street, #606	Employer/Occupation/Labor Organization* Nokia (Spouse of Candid		M 0 3 2 7 1 8	D Y Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Credit Card	

* 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

Total expenditures this event

Page Total \$ 1,050.00