

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 Paul William Lantz				Registration Number, if PAC	
Street Address 105 N. High St., #804	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Luper Neidenthal & Logan, LPA				Registration Number, if PAC	
Street Address 1200 LeVeque Tower	Employer/Occupation/Labor Organization* Law Firm		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Richanne M. Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David L. Berkley				Registration Number, if PAC	
Street Address 110 N. Third St., #708	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Celia M. Kilgard				Registration Number, if PAC	
Street Address 858 Copeland Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James M. Butler				Registration Number, if PAC	
Street Address 991 Neil Avenue	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 600.00