

Event Date 5/16/12

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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 J. Gregory Hart				Registration Number, if PAC	
Street Address P.O. Box 298		Employer/Occupation/Labor Organization*		M 0	D 5
City Galloway		State OH	Zip Code 43119	Y 1	Amount \$150.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Emily M. Tapocsi				Registration Number, if PAC	
Street Address 185 North Union Street		Employer/Occupation/Labor Organization*		M 0	D 5
City Delaware		State OH	Zip Code 43015	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor John P. Johnson Law Office LLC				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor R. Kevin Kerns				Registration Number, if PAC	
Street Address 1902 Lake Shore Drive		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				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

\$2,670.00

Total expenditures this event.

\$37.23

Page Total \$

\$370.00