31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date_2/28/12	
Page 2	•

Prescribed by Secretary of State 03/0:

	Prescribed by Secri	tary of State 03/03	
Name of Committee in Full			
Committee for Kim Brown for Judge			
Full Name of Contributor Jeremy Dodgion Attorney at Law Co., L.P.A			Registration Number, if PAC
Street Address 1188 South High Street	Employer/Occu	pation/Labor Organization*	M D Amount Amount \$100.00
City Columbus	Stal te OH	Zip Cpde 43206	Fonn (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Stephen C. Fitch			
Street Address 885 Robbins Way	Employer/Occu	pation/Labor Organization*	M D Y Amount 0 2 8 1 2 \$100.00
City Worthington	Stafte OH	Zip Code 43085	Form (Cash, Check, etc.)
Full Name of Contributor Roger M. Koeck			Registration Number, if PAC
Street Address 6257 Emberwood Road	Employer/Occu	pation/Labor Organization*	0 2 2 8 1 2 \$100.00
City Dublin	Stal te OH	Zip Code 43017	Form (Cash, Clieck, etc.) Check
Full Name of Contributor Abe Bahgat Co., L.P.A.	<u> </u>		Registration Number, if PAC
Street Address 338 S. High Street	Employer/Occu	pation/Labor Organization*	M D Y Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Raymond Mularski			Registration Number, if PAC
Street Address 107 West Johnstown Road	Employer/Occur	pation/Labor Organization*	0 2 2 8 1 2 Amount \$100.00
City Columbus	Sta' te	Zip Gode 43230	Form (Cash, Check, etc.) Cash
Full Name of Contributor Teresa A. Daugherty	 -		Registration Number, if PAC
Street Address 5053 Grassland Drive	Employer/Occu	oation/Labor Organization*	0 2 2 8 1 1 Amount \$100.00
^{City} Dublin	Stal te OH	Zip Gode 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Kenneth A. Gamble	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Street Address 1845 Lakeshore Drive	Employer/Occu	oation/Labor Organization*	0 2 2 8 1 2 \$100.00
^{City} Columbus	Sta te OH	Zip Code 43204	Fonn (Cash, Check, etc.) Check
* Required for contributions from individuals over \$100 to statew the individual's business, if any, rather than employer should be l labor organization of which the employees are members, if any, r	isted. If two or mor	e employees contribute via ;	

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
1004	COILE IDUITIONS	UIIIO	C) C

\$4,625.00

Total expenditures this event.

\$0.00

\$700.00

Page Total \$