

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 James Abrams			Registration Number, if PAC			
Street Address 380 Woodgate Lane	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 100.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check			
Full Name of Contributor Scyld Anderson			Registration Number, if PAC			
Street Address 195 East South Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 250.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor James E. Arnold			Registration Number, if PAC			
Street Address 115 W. Main Street, Suite 400	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor **Todd Barstow			Registration Number, if PAC			
Street Address 115 W. Main Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Behal			Registration Number, if PAC			
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor **Jeffrey Berndt			Registration Number, if PAC			
Street Address 575 South High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 05	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor **Dustin M. Blake			Registration Number, if PAC			
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 15	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			

* 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 \$ **1,750.00**

**** On appointed counsel list.**