31-E R.C. 3517.10(B)

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

Event Date 8/1/12	
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Prescribed by Secretary of State 03/05

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Name of Committee in Full  Committee for Kim Brown for Judge					
Full Name of Contributor			Registration Number, if PAC		
Russell W. Balthis					
Street Address 41 South High Street, Suite 2600	Einployer/Occupa Beneso	ntion/Labor Organization* ch Friedlander, Copl	0 8 0 1 1 2	Amount \$250.00	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		
Full Name of Contributor			Registration Number, if	PAC	
Jonthan Brollier		·	M To W	Amount	
Street Address 454 Midgard Road	Employer/Occupation/Labor Organization* Attorney		0 8 0 1 1 2		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Columbus Full Name of Contributor	OH	43202	Registration Number, if	PAC	
John Rosenberger			Registration Number, 11	1.40	
Street Address 885 S Pearl Street	Employer/Occupation/Labor Organization*		0 8 0 1 1 2	Amount \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	the Carline	
Columbus	OH	43206	check	的特別的	
Full Name of Contributor Christopher M, Brown Law Offices LLC dba	a J. Scott Weisi	man Law Offices	Registration Number, if	PAC	
Street Address 601 S. High Street, Floor 1	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 0 & 8 & 0 & 1 & 1 \\ 0 & 8 & 0 & 1 & 1 \end{bmatrix}$		
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)		
Full Name of Contributor Jennifer Lestini			Registration Number, if	PAC	
Street Address 37 N Stanwood Road	Employer/Occupation/Labor Organization*		0 8 0 1 1 2	\$100.00	
City Bexley	Stal te OH	Zip Code 43209	Fonn (Cash, Check, etc.) check		
Full Name of Contributor Dan Miller			Registration Number, if PAC		
Street Address 4124 Mayflower Blvd	Employer/Occupation/Labor Organization*		0 8 0 9 1 2	Amount \$50.00	
City Columbus	Stal to OH	Zip Code 43213	Form (Cash, Check, etc. check	)	
Full Name of Contributor Jerry O. Allen	, <u>-</u> -		Registration Number, if	PAC	
Street Address 3751 Prestwould Close	Employer/Occupation/Labor Organization* Attorney		0 8 0 6 1 2		
City New Albany	Stat te OH	Zip Code 43054	Form (Cash, Check, etc. check	)	

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

\$1,250.00

Total expenditures this event.

\$958.86

Page Total \$ 1,250.00

<sup>\*</sup> 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)]