31-E R.C. 3517.10(B)

## Event Date\_5/23/12 Page 6 **Statement of Contributions Received**

## at a Social or Fund-Raising Event

Name of Committee in Full		·		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Name of Committee in Full  Committee for Kim Brown for Judge				
Full Name of Contributor			Registration Number, if	PAC
James E. Arnold & Associates, LPA			Registration Founder, 21270	
reet Address Employer/Occupation/Labor Organization*			M D Y	Amount
115 W. Main Street, Suite 400	Law Firm		0 5 2 4 1 2	\$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH.	43215	check	1.1
Full Name of Contributor			Registration Number, if	PAC
Nelson Reid				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
8252 Spruce Needle Court	Attorney		0 5 2 9 1 2	
City ·	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43235	check	
Full Name of Contributor			Registration Number, if	PAC
Bonnie Birath			<u> </u>	Amount
Street Address	Employer/Occupation/Labor Organization* Huntington National Bank		0 5 2 9 1 2	Amount \$575.00
1157 Worthington Heights Blvd.	• • • • • • • • • • • • • • • • • • • •	Zip Code	Form (Cash, Check, etc.)	<u> </u>
City Columbus	Stal te OH	43235	check	
Full Name of Contributor	UN 43233		Registration Number, if PAC	
John Birath			Togistiano.	
Street Address	Finalouer/Ossur	sation/Labor Organization*	MI D Y	Amount
1157 Worthington Heights Blvd.	Employer/Occupation/Labor Organization* Attorney		0 5 2 9 1 2	\$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.	_1
Columbus	OH <sup>'</sup>	43235	check	
Full Name of Contributor			Registration Number, if	PAC
Eileen Bainter				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount C50 00
938 Medinah Terrace			0 5 3 0 1 2	
City	Sta te	Zip Code	Fonn (Cash, Check, etc.	)
Columbus	OH	43221		
Full Name of Contributor			Registration Number, if PAC	
Sally Bloomfield				T
Street Address 3741 Romnay Road	Employer/Occupation/Labor Organization*		0 5 3 0 1 2	Amount \$150.00
	Attorne			·
City Columbus	Stal te OH	Zip Code 43220	Form (Cash, Check, etc check	
Full Name of Contributor	<u> </u>		Registration Number, it	
W. Frederick Fifner				<del>-</del>
Street Address	EmployedOcore	nation/Labor Organization*	M D Y	Amount
732 Weston Park Drive	Employer/Occupation/Labor Organization* Attorney		0 5 2 9 1 2	N
City	State Zip Code		Form (Cash, Check, etc	.)
Powell	OH.	43065	check	
<u> </u>			1 10 1 11	aunation and the name o

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

Total contributions this event \$7,155.00

Total expenditures this event.

\$0,00

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)]