

31-E
R.C. 3517.10(B)

Event Date 3/27/2018

Page 3

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 Martin Brennan			Registration Number, if PAC		
Street Address 769 Kimball Place	Employer/Occupation/Labor Organization* Bartender/Server		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43205	Form(Cash,Check,etc) Credit Card		Amount 25.00
Full Name of Contributor John Wilson			Registration Number, if PAC		
Street Address 171 S. Eureka Avenue	Employer/Occupation/Labor Organization* Store Manager		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43204	Form(Cash,Check,etc) Credit Card		Amount 50.00
Full Name of Contributor James Moreau			Registration Number, if PAC		
Street Address 60 E. Spring Street #305	Employer/Occupation/Labor Organization* Operations Manager		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Credit Card		Amount 100.00
Full Name of Contributor Roy Leahy			Registration Number, if PAC		
Street Address 3177 Dartford Trace	Employer/Occupation/Labor Organization* Legacy		M 0	D 3	Y 2718
City Dublin	State O	Zip Code H 43017	Form(Cash,Check,etc) Credit Card		Amount 250.00
Full Name of Contributor Johnny Brown			Registration Number, if PAC		
Street Address 106 N. High Street, #606	Employer/Occupation/Labor Organization* Nokia (Spouse of Candid		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Credit Card		Amount 1.00
Full Name of Contributor **Nikki Churchill			Registration Number, if PAC		
Street Address 1020 Hilo Lane, Apt 4	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43212	Form(Cash,Check,etc) PayPal		Amount 150.00
Full Name of Contributor David Berkley			Registration Number, if PAC		
Street Address 110 N 3rd Street, Unit 708	Employer/Occupation/Labor Organization* Cardinal Health		M 0	D 3	Y 2718
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) PayPal		Amount 100.00

* 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 \$ 676.00

** On appointed counsel list.