

31-E

R.C. 3517.10(B)

Event Date 7/25/2018Page 1

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 Carl Hinderer			Registration Number, if PAC	
Street Address 18882 Vermont Street	Employer/Occupation/Labor Organization* Entomologist		M D Y 0 7 1 8 1 8	Amount 100.00
City Grafton	State O H	Zip Code 44044	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Siewert			Registration Number, if PAC	
Street Address 307 E. Livingston Avenue	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 2 5 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Martha Phillips			Registration Number, if PAC	
Street Address 43 E. Beck Street	Employer/Occupation/Labor Organization* Investigator		M D Y 0 7 2 5 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor **Wolfe Law Group, LLC			Registration Number, if PAC	
Street Address 1350 W. 5th Avenue, Suite 330	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 7 2 5 1 8	Amount 150.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor **Roth Law Group, LLC			Registration Number, if PAC	
Street Address 24 N. High Street, Suite 301	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 7 2 5 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Paula Harer			Registration Number, if PAC	
Street Address 15 E. Gay Street, 4A	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 2 5 1 8	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Alesia Bock			Registration Number, if PAC	
Street Address 250 S. High Street, Suite 1100	Employer/Occupation/Labor Organization* Self-Employed		M D Y 0 7 2 5 1 8	Amount 50.00
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.

** On appointed counsel list.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00