

Event Date 3/27/2018

Page 4

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 Miranda Landusky			Registration Number, if PAC	
Street Address 1213 W. 5th Avenue, Apt 2	Employer/Occupation/Labor Organization* Bartender		M D Y 0 3 2 7 1 8	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash	
Full Name of Contributor Melanie Fisher			Registration Number, if PAC	
Street Address 1320 Meadow Road	Employer/Occupation/Labor Organization* Server		M D Y 0 3 2 7 1 8	Amount 25.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash	
Full Name of Contributor Earnest Cutright			Registration Number, if PAC	
Street Address 769 Kimball Place	Employer/Occupation/Labor Organization* Bartender		M D Y 0 3 2 7 1 8	Amount 10.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Cash	
Full Name of Contributor Teresa Holter			Registration Number, if PAC	
Street Address 3211 Tollcross Drive	Employer/Occupation/Labor Organization* Human Resources		M D Y 0 3 2 7 1 8	Amount 25.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Marty Susec			Registration Number, if PAC	
Street Address 3211 Tollcross Drive	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 2 7 1 8	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Mitch Mathias			Registration Number, if PAC	
Street Address 1513 King Avenue	Employer/Occupation/Labor Organization* Waiter		M D Y 0 3 2 7 1 8	Amount 25.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash	
Full Name of Contributor Marcia Riley			Registration Number, if PAC	
Street Address 4895 Saint Andrews Drive	Employer/Occupation/Labor Organization* Slammers		M D Y 0 3 2 7 1 8	Amount 100.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Cash	

* 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 \$ 285.00