31-E
R.C. 3517.10(B)

Event Date 1/26/2012

Statement of Contributions Receive.. 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	Registration Number, if PAC					
Amy Bartemes						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
7571 Coventry Woods Dr	Bricker & Eckler LLP/Atty	01	24	12	50.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Dublin	OH / 43017	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Dane A. Gaschen						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
9054 Concord Road	Bricker & Eckler LLP/Atty	01	26	12	50.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Powell	OH / 43065	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Melissa M. Carleton						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1379 Windham Road	Bricker & Eckler LLP/Atty	01	26	12	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Upper Arlington	OH / 43220	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Molly J. Rosati						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
13495 State Rt. 38 SE	Homemaker	01	26	12	500.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
London	OH / 43140	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Todd M. Chamberlain						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
230 Deland Avenue	Software Developer	01	26	12	575.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH / 43214	Check				
Full Name of Contributor	**Registration Number, if PAC**					
Christopher McCloskey						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
9226 Rami Avenue	Bricker & Eckler LLP/Atty	01	26	12	100.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
Columbus	OH / 43240	Check				
Full Name of Contributor	**Registration Number, if PAC**					
James Cushing						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
36 Pickett Place		01	26	12	50.00	
City	**State** / **Zip Code**	**Form(Cash,Check,etc)**				
New Albany	OH / 43054	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.

Total contributions this event
$ 3985.00

Total expenditures this event
$ 0

Page Total $ 1,425.00