

Statement of Contributions Received  
at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee for Kim Brown for Judge</b>				
Full Name of Contributor <b>Robin Jones</b>			Registration Number, if PAC	
Street Address <b>195 W. Como Avenue</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jennifer Baughman</b>			Registration Number, if PAC	
Street Address <b>6705 State Route 134</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>25.00</b>
City <b>Lynchburg</b>	State <b>O   H</b>	Zip Code <b>45142</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>**Mark Collins</b>			Registration Number, if PAC	
Street Address <b>492 S. High Street, 3rd Floor</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>**Stacie Sydow</b>			Registration Number, if PAC	
Street Address <b>454 E. Main Street, Suite 260</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>**Gregg Slemmer</b>			Registration Number, if PAC	
Street Address <b>1188 S. High Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Al Mokhtari</b>			Registration Number, if PAC	
Street Address <b>454 E Main Street, Suite 260</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Brandon N. Edwards</b>			Registration Number, if PAC	
Street Address <b>939 Robertson Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   4   2   6   1   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 1,350.00

\*\* On appointed counsel list.