

31-E
R.C. 3517.10(B)

Event Date 1/15/13

Page 5

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Kim Brown for Judge				
Full Name of Contributor Rasheeda Zamani Khan			Registration Number, if PAC	
Street Address 4378 Dublin Road	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Roger P. Sugarman			Registration Number, if PAC	
Street Address 6025 Cranberry Court	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill & Ritter		M D Y 0 1 2 4 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert G. Cohen			Registration Number, if PAC	
Street Address 1657 Wingate Drive	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy T. Tullis			Registration Number, if PAC	
Street Address 8234 Timber Mist Court	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen C. Barsotti			Registration Number, if PAC	
Street Address 1577 Pemberton Drive	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael E. Zatezalo			Registration Number, if PAC	
Street Address 1176 Harrison Pond Drive	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC			Registration Number, if PAC CP648	
Street Address 65 E State Street, Suite 1800	Employer/Occupation/Labor Organization* law firm		M D Y 0 1 2 4 1 3	Amount \$250.00
City Columbus	State OH	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, the occupation and the name of the individual's business, if any, 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 also 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

\$5,365.00

Total expenditures this event.

\$350.35

Page Total \$ 800.00