

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 Robert Poletto				Registration Number, if PAC	
Street Address 802 Neil Avenue	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Amount 100.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Eric J. Tarbox				Registration Number, if PAC	
Street Address 1810 N. Devon Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Upper Arlington	State O H	Zip Code 43212	Amount 100.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Elizabeth Leahy				Registration Number, if PAC	
Street Address 3177 Dartford Trace	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Dublin	State O H	Zip Code 43017	Amount 100.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Kevin E. Wood				Registration Number, if PAC	
Street Address 110 N. 3rd St., #401	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Amount 100.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Sylvia L. Gillis				Registration Number, if PAC	
Street Address 1810 N. Devon Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Upper Arlington	State O H	Zip Code 43212	Amount 100.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Bricker & Eckler PAC				Registration Number, if PAC OH821	
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization* Law Firm		M 0	D 1	Y 2
City Columbus	State O H	Zip Code 43215	Amount 500.00		
			Form(Cash,Check,etc) Check		
Full Name of Contributor Laura G. Anthony				Registration Number, if PAC	
Street Address 6800 Alloway St. E	Employer/Occupation/Labor Organization* Bricker & Eckler LLP/Atty		M 0	D 1	Y 2
City Worthington	State O H	Zip Code 43085	Amount 100.00		
			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.

Total contributions this event

\$ 3,985.00

Total expenditures this event

\$ 0

Page Total \$ 1,100.00