

31-E

R.C. 3517.10(B)

Event Date 2/28/12

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# 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 David A. Goldstein			Registration Number, if PAC	
Street Address 150 S. Roosevelt Avenue	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Matthew A. Zenko			Registration Number, if PAC	
Street Address 328 W. 2nd Avenue	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Eric B. Gamble			Registration Number, if PAC	
Street Address 1839 Marblecliff Crossing Court	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check	
Full Name of Contributor Connor, Evans & Hafenstein LLP			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Christopher M. Brown Law Offices LLC			Registration Number, if PAC	
Street Address 601 S. High Street, Fl. 1	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor J. Scott Weisman Law Offices, LPA			Registration Number, if PAC	
Street Address 601 S. High Street, 1st Floor	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   8   1   2	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

\$4,625.00

Total expenditures this event.

\$0.00

Page Total \$ 9950.00