

31-E
R.C. 3517.10(B)

Event Date 2/15/2018

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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 **Thomas Gjostein			Registration Number, if PAC		
Street Address 6820 Hayhurst Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Gary Hammond			Registration Number, if PAC		
Street Address 556 E. Town Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 0618
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor **Michael J. Hayes			Registration Number, if PAC		
Street Address 575 S. High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor **Mark Hunt			Registration Number, if PAC		
Street Address 720 South High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Kerpsack			Registration Number, if PAC		
Street Address 655 Metro Place South, Suite 255	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 0518
City Columbus	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Elizabeth Kessler			Registration Number, if PAC		
Street Address 4633 Yantis Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 2318
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor **Roger Koeck			Registration Number, if PAC		
Street Address 6257 Emberwood Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00

* 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 \$ 2,050.00

** On appointed counsel list.