

31-E  
R.C. 3517.10(B)

Event Date	3/27/2018
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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 Julie Hall			Registration Number, if PAC	
Street Address 100 E. Gay Street, #802	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   3   2   7   1   8	Amount 100.00
City Columbus	State O   H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor Edro Aloe			Registration Number, if PAC	
Street Address 5433 Briarsdale Lane, Apt F	Employer/Occupation/Labor Organization* Sales		M   D   Y 0   3   2   7   1   8	Amount 40.00
City Dublin	State O   H	Zip Code 43016	Form(Cash, Check, etc) Cash	
Full Name of Contributor Philip Morris			Registration Number, if PAC	
Street Address 890 E. Spring Street	Employer/Occupation/Labor Organization* Bartenders		M   D   Y 0   3   2   7   1   8	Amount 25.00
City Columbus	State O   H	Zip Code 43203	Form(Cash, Check, etc) Cash	
Full Name of Contributor Tina Drumm			Registration Number, if PAC	
Street Address 4895 Saint Andrews Drive	Employer/Occupation/Labor Organization* Construction manager		M   D   Y 0   3   2   7   1   8	Amount 100.00
City Grove City	State O   H	Zip Code 43123	Form(Cash, Check, etc) Cash	
Full Name of Contributor Jamie Riley			Registration Number, if PAC	
Street Address 3049 Rivers Gate Way	Employer/Occupation/Labor Organization* Bohindi		M   D   Y 0   3   2   7   1   8	Amount 50.00
City Columbus	State O   H	Zip Code 43221	Form(Cash, Check, etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	

\* 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
3,116.00

Total Expenditures This Event
\$33.33

Page Total \$	315.00
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