

31-E

R.C. 3517.10(B)

Event Date 5/23/12

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 Michael Gire			Registration Number, if PAC	
Street Address 389 S. Drexel	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$500.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor James Hughes			Registration Number, if PAC	
Street Address 270 S. Dawson Avenue	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$250.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor James Rutledge			Registration Number, if PAC	
Street Address 2405 Sandover Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor David Baker			Registration Number, if PAC	
Street Address 1812 Lake Shore Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Andrew Shott			Registration Number, if PAC	
Street Address 7193 Fair Oaks Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City Cincinnati	State OH	Zip Code 45237	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Anne Marie Sferra			Registration Number, if PAC	
Street Address 6034 Tuckahoe Court	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Jack Rosati			Registration Number, if PAC	
Street Address 13495 State Route 38 SE	Employer/Occupation/Labor Organization* Attorney		M 0	D 5
City London	State OH	Zip Code 43140	Y 2	Amount \$200.00
			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

\$7,155.00

Total expenditures this event.

\$0.00

Page Total \$ 1,350.00