

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 **Keith Edwards			Registration Number, if PAC	
Street Address 283 S. 3rd Street	Employer/Occupation/Labor Organization* Self Employed		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 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 150.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Jennifer Kessel-White			Registration Number, if PAC	
Street Address 13683 Nantucket Avenue	Employer/Occupation/Labor Organization* Self-employed		M D Y 0 3 2 7 1 8	Amount 40.00
City Pickerington	State O H	Zip Code 43147	Form(Cash,Check,etc) Check	
Full Name of Contributor Jamie Petras			Registration Number, if PAC	
Street Address 106 N. High Street, #606	Employer/Occupation/Labor Organization* Pathology Assistant		M D Y 0 3 2 7 1 8	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor David Sherrod			Registration Number, if PAC	
Street Address 106 N. High Street, #703	Employer/Occupation/Labor Organization* Project Manager Director		M D Y 0 3 2 7 1 8	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Paula Garfield			Registration Number, if PAC	
Street Address 8188 Newark Avenue	Employer/Occupation/Labor Organization* Retired Teacher		M D Y 0 3 2 7 1 8	Amount 25.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Huggett			Registration Number, if PAC	
Street Address 106 N High Street, #201	Employer/Occupation/Labor Organization* AEP		M D Y 0 3 2 7 1 8	Amount 100.00
City Columbus	State O H	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, 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 \$ 790.00

**** On appointed counsel list.**