

31-E

R.C. 3517.10(B)

Event Date 8/15/12

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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 Jeffrey D. Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Avenue		Employer/Occupation/Labor Organization*		M D Y 0 8 15 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) check	
Full Name of Contributor Patrick M. Fleming				Registration Number, if PAC	
Street Address 2128 Poplar Street		Employer/Occupation/Labor Organization*		M D Y 0 8 15 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) check	
Full Name of Contributor RMB Consultants LLC				Registration Number, if PAC	
Street Address 545 E Town Street		Employer/Occupation/Labor Organization*		M D Y 0 8 15 1 2	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Roth Law Group LLC				Registration Number, if PAC	
Street Address 24 N High Street, Suite 301		Employer/Occupation/Labor Organization*		M D Y 0 8 15 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Ross & Midian, LLC				Registration Number, if PAC	
Street Address 133 East Livingston Avenue		Employer/Occupation/Labor Organization*		M D Y 0 8 15 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Benita D. Reedus				Registration Number, if PAC	
Street Address 1477 Orchard Park Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 14 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) check	
Full Name of Contributor Jason C. Blum				Registration Number, if PAC	
Street Address 52 West Whittier Street		Employer/Occupation/Labor Organization*		M D Y 0 8 20 1 2	Amount \$50.00
City Columbus		State OH	Zip Code 43206	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

\$2,635.00

Total expenditures this event.

\$0.00

Page Total \$ 375.00