

** On appointed counsel list.

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"	Event Date 2/27/2015 Page3	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secreta	ary of State 02/01	·		
Name of Committee in Full		,			
Committee for Kim Brown for Judg	ė		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Registration Number, if PAC		
**Rebecca Gooch	10		<u> </u>	····	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	400.00	
338 S. High Street	Attorney		0 2 2 7 1 9	100.00	
City		ip Code	Form(Cash,Check,etc)		
Columbus	<u> </u>	43215	Check		
Full Name of Contributor	to DCE		Registration Number, if PAC		
Columbus Franklin County, AFL-C	IO PCE		I W I B I W I		
Street Address	Employer/Occupation/Labor Organization* County Organization		M D Y Amount	100.00	
1525 Alum Creek Drive, 2nd Floor		ip Code	0 2 2 1 1 9 Form(Cash,Check,etc)	100.00	
City	1	43209			
Columbus Full Name of Contributor	O H	43209	Check		
			Registration Number, if PAC	ľ	
Kevin McDermott	TE 1 (0)	7.1.0	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address		on/Labor Organization*	M D Y Amount	100.00	
2073 Sandover Court	Attorney		0 2 2 7 1 9	100.00	
City		ip Code	Form(Cash, Check, etc)	· ·	
Columbus	O H	43220	Check	<u></u>	
Full Name of Contributor	•		Registration Number, if PAC		
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Street Address	Employer/Occupan	on/Labor Organization*	M D Y Amount	Ì	
0.4	Cana 77	in Codo	Form (Cook Chook ato)		
City	State Zi	ip Code	Form(Cash,Check,etc)		
Dallar Constitute			Registration Number, if PAC		
Full Name of Contributor			Registration Number, it PAC		
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount		
Sirect Address .	EmployerOccupan	Old Labor Organization			
City	State Zi	ip Code	Form(Cash,Check,etc)		
City	Jake 12	ip code	Torm(Cash,Check,Gle)		
Full Name of Contributor			Registration Number, if PAC		
Pull Name of Contributor		- t _e	Registration, 1170	r	
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount		
Stroot Madicas	Lanploy on Occupan	Die Zader Griganisanien		,	
City	State Zi	ip Code	Form(Cash,Check,etc)		
City		ip Code			
Full Name of Contributor		······	Registration Number, if PAC	,	
Tun traine of Contributor					
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount		
Sirest Address		, and a second of gardens of		ŀ	
City .	State Zi	ip Code	Form(Cash,Check,etc)		
on,					
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* Required for contributions from individuals over \$100 to statewid	· e and general assembl	v candidates. If contributo	r is self-employed, occupation rather t	hån employer	
should be listed. If two or more employees contribute via payroll de					
members, if any, must appear. [R.C. 3517:10(B)(4)]	Д.	_		1.	
	Ψ		•	17	
Fill in the boxes below only on the last page for this event.	j	•			
Transfer the Total contributions for this event to form No. 31-A. Ur	ider Full Name of Con	ntributor state "Contribution	ns from form No. 31-E" and list the da	te of the event	
in the date column.	•		•		
				· ·	
Total contributions this event	otal expenditures this	event			
2.150.00			Page Total \$	300.00	
3,150.00					