

31-E
R.C. 3517.10(B)

Event Date 3/8/12

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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 Paley For Columbus			Registration Number, if PAC	
Street Address 545 E. Town Street	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Mary Jo Hudson			Registration Number, if PAC	
Street Address 955 Delaware Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Bill R. Hedrick			Registration Number, if PAC	
Street Address 535 West First Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 111 West Rich Street, Suite 600	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 3 0 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey D. Mackey			Registration Number, if PAC	
Street Address 1538 Melrose Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) check	
Full Name of Contributor Debe H. Wenig			Registration Number, if PAC	
Street Address 3057 Melva Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43224	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

\$800.00

Total expenditures this event.

\$234.00

Page Total \$ \$600.00