

31-E  
R.C. 3517.10(B)

Event Date 5/20/2018  
Page 3

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee for Kim Brown for Judge</b>				
Full Name of Contributor <b>Calfee, Halter &amp; Griswold LLP</b>			Registration Number, if PAC	
Street Address <b>41 South High Street, Shite 1200</b>	Employer/Occupation/Labor Organization* <b>Lawfirm</b>		M   D   Y <b>0   6   2   0   1   8</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>**Keith Edwards</b>			Registration Number, if PAC	
Street Address <b>3005 Seeger Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   2   0   1   8</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>David Berkley</b>			Registration Number, if PAC	
Street Address <b>110 N Third Steret, Unit 708</b>	Employer/Occupation/Labor Organization* <b>Project Manager</b>		M   D   Y <b>0   6   2   0   1   8</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>**Steven Larson, LLC</b>			Registration Number, if PAC	
Street Address <b>283 S. 3rd Steet</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   2   0   1   8</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

\* 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

\*\* On appointed counsel list.

Total contributions this event

**3,000.00**

Total expenditures this event

Page Total \$ **600.00**