

31-E  
R.C. 3517.10(B)

Event Date 2/28/12

Page 4

# 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 Scott & Nemann Co., LPA				Registration Number, if PAC	
Street Address 35 E. Livingston Avenue	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor David H. Thomas				Registration Number, if PAC	
Street Address 511 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor Yavitch & Palmer Co., LPA				Registration Number, if PAC	
Street Address 511 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor Luftman, Heck and Associates, LLP				Registration Number, if PAC	
Street Address 580 East Rich Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$500.00
Full Name of Contributor Colley, Shroyer & Abraham Co., LPA				Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor R. William Meeks				Registration Number, if PAC	
Street Address 511 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor Bradley P. Koffel LLC				Registration Number, if PAC	
Street Address 1801 Watermark Drive, Suite 350	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2812
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00

\* 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

\$4,625.00

Total expenditures this event.

\$0.00

Page Total \$ 2,000.00