

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 Woody Fox			Registration Number, if PAC	
Street Address 233 N. Bend Drive	Employer/Occupation/Labor Organization*		M D Y 0 1 5 1 3	Amount \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check	
Full Name of Contributor Roger M. Koeck			Registration Number, if PAC	
Street Address 6257 Emberwood Drive	Employer/Occupation/Labor Organization*		M D Y 0 1 5 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven Larson			Registration Number, if PAC	
Street Address 4967 Smoketalk Lane	Employer/Occupation/Labor Organization*		M D Y 0 1 5 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Rebecca Gooch			Registration Number, if PAC	
Street Address 336 S. High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 8 1 3	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens for Kim Maggard			Registration Number, if PAC	
Street Address 600 Link Road	Employer/Occupation/Labor Organization*		M D Y 0 1 2 4 1 3	Amount \$65.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor The Behal Law Group, LLC			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 1 2 4 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor John P. Brody			Registration Number, if PAC	
Street Address 1894 King Avenue	Employer/Occupation/Labor Organization* Attorney- Kegler Brown Hill		M D Y 0 1 2 4 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43212	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

\$5,365.00

Total expenditures this event.

\$350.35

Page Total \$ 1,165.00