

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

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Committee for Kim Brown for Judge							
Full Name of Contributor				Registration Number, if PAC			
Sally Bloomfield							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3741 Romnay Road	Attorney		0	2	0718	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43220	Check				
Full Name of Contributor				Registration Number, if PAC			
Michael Carpenter							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
280 North High Street, Suite 1300	Attorney		0	2	0118	500.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
**Mark Collins							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
492 S. High Street, 3rd Floor	Attorney		0	2	1518	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
John Kulewicz				OH109			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
52 E. Gay Street	Attorney		0	1	2418	3,800.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
**Keith Edwards							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
283 South Third Street	Attorney		0	2	1518	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O   H	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
Jennifer Flint							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6908 Perry Drive	Attorney		0	2	1518	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Worthington	O   H	43085	Check				
Full Name of Contributor				Registration Number, if PAC			
Richard Frye							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1669 Roxbury Road	Judge		0	2	1518	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Upper Arlington	O   H	43212	Check				

\* 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.

Total contributions this event

Total expenditures this event

Page Total \$ 5,400.00

**\*\* On appointed counsel list.**