

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				Registration Number, if PAC			
Full Name of Contributor Thomas F. Charlesworth & Assoc. (Robert Shea)				Registration Number, if PAC			
Street Address 1654 East Broad Street, Suite 301	Employer/Occupation/Labor Organization*		M 0	D 1	Y 13	Amount \$200.00	
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) check				
Full Name of Contributor Shad J. Phipps				Registration Number, if PAC			
Street Address 4333 Reed Road				M 0	D 1	Y 13	Amount \$200.00
City Columbus				State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Abe Bahgat				Registration Number, if PAC			
Street Address 338 S. High Street				M 0	D 1	Y 13	Amount \$100.00
City Columbus				State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas W. Hill				Registration Number, if PAC			
Street Address 7 Wiveliscombe				M 0	D 1	Y 13	Amount \$100.00
City New Albany				State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Gray Palmer				Registration Number, if PAC			
Street Address 185 Rustic Pl				M 0	D 1	Y 13	Amount \$200.00
City Columbus				State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Elizabeth Leahy				Registration Number, if PAC			
Street Address 3177 Dartford Trace				M 0	D 1	Y 13	Amount \$150.00
City Dublin				State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Law Office of Thomas F. Hayes, LLC (Thomas Hayes)				Registration Number, if PAC			
Street Address 65 E. Livingston Avenue				M 0	D 1	Y 13	Amount \$125.00
City Columbus				State OH	Zip Code 43215	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 \$ 1,075.00