

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Jeffrey M. Brown for Judge					
Full Name of Contributor Samuel H. Shamansky Co. LPA				Registration Number, if PAC	
Street Address 523 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,500.00
Full Name of Contributor Goldman & Braunstein, LLP				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Gertner & Gertner				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 870	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Columbus Central Ohio Building Trades Council Education Fund				Registration Number, if PAC	
Street Address 555 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ross, Midian & Breitmayer, LLC				Registration Number, if PAC	
Street Address 846 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 300.00
Full Name of Contributor Issac Wiles Burkholder & Teetor, LLC				Registration Number, if PAC	
Street Address 2 Miranova Pl., Suite 700	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC	
Street Address 41 S. High St., Suite 3500	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00

\* 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 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

# 8500

Total expenditures this event

0

Page Total \$ 3,200.00