Event Date	02/02/17	
Page	6	

Statement of Contributions Received at a Social or Fundraising Event

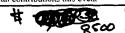
Prescribed by Secretary of State 3/05

	Prescribed by Sec	eretary of State 3/05			
Name of Committee in Full					
Jeffrev M. Brown for Judge					
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC	
Samuel H. Shamansky Co. LPA		 	 		
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	1 500 00	
523 S. Third St.	 	Taria i	0 2 0 2 1 7	1,500.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	IO H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Goldman & Braunstein, LLP	Te., 1				
Street Address	Employer/Occup.	ation/Labor Organization*	M D Y Amount	100.00	
500 S. Front St., Suite 1200		7: 0:1	0 2 0 2 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Gertner & Gertner	Tr 1 /0	and the first of t			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00	
500 S. Front St., Suite 870	6: :	7:- C-1-	0 2 0 2 1 7	100.00	
Colonal Colonal	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		
Full Name of Contributor	loo Correct	Education E. J	Registration Number, if PAC		
Columbus Central Ohio Building Trac			MIDIVIA		
Street Address	етрюуег/Оссир	ation/Labor Organization*	M D Y Amount	100.00	
555 E. Rich St.		Zin Code	0 2 0 2 1 7	100.00	
Colombas	State	Zip Code	Form(Cash,Check,etc)		
Columbus Full Name of Contributor	OH	43215	Check Basistation Number of BAC		
			Registration Number, if PAC		
Ross, Midian & Breitmayer, LLC Street Address	Employer/Occur	ation/Labor Organization*	M D Y Amount		
1	Employer/Occup	ation/Dation Organization*		300.00	
846 S. High St.	State	Zip Code	0 2 0 2 1 7 Form(Cash,Check,etc)	300.00	
Columbus	1	43206	Check		
Full Name of Contributor	TO H	1 43200	Registration Number, if PAC		
			Registration Number, it FAC		
Issac Wiles Burkholder & Teetor, LLC		ation/Labor Organization*	M D Y Amount		
2 Miranova Pl., Suite 700	Employer/Occup	anon Labor Organization	0 2 0 2 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)	100.00	
Columbus		43215	Check		
Full Name of Contributor	10 H	1 30410	Registration Number, if PAC		
			regionation (vanion), it i AC		
Zeiger, Tigges & Little LLP Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
41 S. High St., Suite 3500	Employer/Oceup	anon Labor Organization	0 2 0 2 1 7	1,000.00	
City	State	Zip Code	Form(Cash,Check,etc)	1,000.00	
Columbus	OH	43215	Check		
Commons	$1 \cap 1$	1 40410	CHECK		

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



^{*} 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)]