

Event Date 2/15/2018

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Statement of Contributions Received
at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee for Kim Brown for Judge					
Full Name of Contributor **Brian Rigg			Registration Number, if PAC		
Street Address 720 South High Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Keith W. Schneider			Registration Number, if PAC		
Street Address 1650 Lake Shore Drive, Suite 150	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Michael E. Sexton			Registration Number, if PAC		
Street Address 984 Highland Street	Employer/Occupation/Labor Organization* Franklin County Democr		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Samuel H. Shamansky			Registration Number, if PAC		
Street Address 523 South Third Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2418
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Michael Silberstein			Registration Number, if PAC		
Street Address 1093 Fountain Lane, Apt D	Employer/Occupation/Labor Organization* Northwestern Mutual		M 0	D 2	Y 0118
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor **Stacie Sydow			Registration Number, if PAC		
Street Address 454 E. Main Street, 260	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 125.00
Full Name of Contributor David Thomas			Registration Number, if PAC		
Street Address 3010 Shadywood Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1518
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 500.00

* 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 \$ 2,325.00

** On appointed counsel list.