

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 John Fitch			Registration Number, if PAC	
Street Address 2111 Brookhurst Ave.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 27 19	Amount 250.00
City Columbus	State O H	Zip Code 43229	Form (Cash, Check, etc) Check	
Full Name of Contributor **Martha Phillips			Registration Number, if PAC	
Street Address 43 E. Beck Street	Employer/Occupation/Labor Organization* Investigator		M D Y 0 2 27 19	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor **Thomas Charlesworth & Associates			Registration Number, if PAC	
Street Address 765 South High Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 27 19	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor **Blaise Baker			Registration Number, if PAC	
Street Address 277 Brevoort Road	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 27 19	Amount 200.00
City Columbus	State O H	Zip Code 43214	Form (Cash, Check, etc) Check	
Full Name of Contributor Samuel H Shamansky Co LPA			Registration Number, if PAC	
Street Address 523 South Third Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 27 19	Amount 1,000.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor **Wolfe Law Group, LLC			Registration Number, if PAC	
Street Address 1350 W. Fifth Ave, Ste 330	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 27 19	Amount 150.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor **Jeremy Dodgion Attorney at Law Co., LPA			Registration Number, if PAC	
Street Address 1188 South High Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 27 19	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) 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 \$ 2,000.00

** On appointed counsel list.