

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee for Kim Brown for Judge</b>					
Full Name of Contributor <b>**Bryant Law Offices, LLC</b>				Registration Number, if PAC	
Street Address <b>387 Cheyenne Way</b>	Employer/Occupation/Labor Organization* <b>Law Firm</b>		M <b>0</b>	D <b>7</b>	Y <b>2018</b>
City <b>Reynoldsburg</b>	State <b>O</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Pay Pal</b>		Amount <b>100.00</b>
Full Name of Contributor <b>David Bressman</b>				Registration Number, if PAC	
Street Address <b>5186 Blazer Parkway</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>7</b>	Y <b>2018</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Pay Pal</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Mitchell Tallan</b>				Registration Number, if PAC	
Street Address <b>471 E. Broad Street, 19th Floor</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>7</b>	Y <b>2018</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Pay Pal</b>		Amount <b>100.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* 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.

\*\* On appointed counsel list.

Total contributions this event

1,700.00

Total expenditures this event

Page Total \$ 300.00