

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 Mark Schumacher			Registration Number, if PAC	
Street Address 6575 Baronscourt Loop	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 17 19	Amount 100.00
City Dublin	State O H	Zip Code 43016	Form (Cash, Check, etc) Check	
Full Name of Contributor Margaret Kelley			Registration Number, if PAC	
Street Address 8 E. Broad Street, Unit 501	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 27 19	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization* Retired		M D Y 0 2 26 19	Amount 150.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor AuCoin & Younkin, LLP			Registration Number, if PAC	
Street Address 577 S. High Street	Employer/Occupation/Labor Organization* Law Firm		M D Y 0 2 27 19	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt D	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 12 19	Amount 50.00
City Columbus	State O H	Zip Code 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor **Jeffrey Basnett			Registration Number, if PAC	
Street Address 282 Woodland Avenue	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 27 19	Amount 150.00
City Columbus	State O H	Zip Code 43203	Form (Cash, Check, etc) Check	
Full Name of Contributor **Sean O Boyle			Registration Number, if PAC	
Street Address 336 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 22 19	Amount 100.00
City Columbus	State O H	Zip Code 43215	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 \$ 850.00

** On appointed counsel list.