

Event Date 5/24/2018

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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 **Brandon E. Shroy			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 4 1 8	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor James M. Schottenstein			Registration Number, if PAC	
Street Address 492 S. High Street, Suite 200	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 4 1 8	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Collin N. Thomas			Registration Number, if PAC	
Street Address 492 S. High Steret, Suite 200	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 4 1 8	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor **Dennis O. Kaps			Registration Number, if PAC	
Street Address 61 Leland Avenue	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 4 1 8	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher J. Stevens			Registration Number, if PAC	
Street Address 8899 Tartan Fields Drive	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 3 1 8	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor **Jeffrey T. Stavroff			Registration Number, if PAC	
Street Address 492 S. High Street, Suite 200	Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 4 1 8	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher Brown			Registration Number, if PAC	
Street Address 968 Euclaire Avenue	Employer/Occupation/Labor Organization* Judge		M D Y 0 5 2 4 1 8	Amount 100.00
City Bexley	State O H	Zip Code 43209	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 \$ 1,300.00

** On appointed counsel list.