Page 5	14
event Date 5/24/2018	। <u>प</u>
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Committee for Kim Brown for Judg	re				}		
	Full Name of Contributor				Registration Number, if PAC			
	**Brandon E. Shroy							
	Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount			
	501 S. High Street	Attorney		0 5 2 4	1 8	500.00		
	City	State	Zip Code	Form(Cash,Check				
	Columbus	$O \mid H \mid$	43215	Check				
	Full Name of Contributor			Registration Num	iber, if PAC			
	James M. Schottenstein							
	Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount			
	492 S. High Street, Suite 200	Attorney		0 5 2 4	1 8	50.00		
	City	State Zip Code		Form(Cash,Check				
	Columbus	OH	43215	Check	ς :			
	Full Name of Contributor			Registration Nun			'	
	Collin N. Thomas							
	Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount			
	492 S. High Steret, Suite 200	Attorney	7	0 5 2 4	1 8	50.00		
1	City		Zip Code	Form(Cash,Chec	k,etc)			
\oplus	Columbus	ОН	43215	Check			\oplus	
	Full Name of Contributor	10,11	10210	Registration Num				
	**Dennis O. Kaps							
	Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount			
	61 Leland Avenue	Attorney		0 5 2 4	118	50.00		
	City		Zip Code	Form(Cash,Chec				
	Columbus	ОІН	43214	Checl				
	Full Name of Contributor		40214	Registration Num				
	Christopher J. Stevens				,			
	Street Address	Employer/Occupa	tion/Labor Organization*	MD	Y Amount			
	8899 Tartan Fields Drive	Attorney		0 5 2 3		50.00		
	City		Zip Code	Form(Cash,Chec		50.00		
	Dublin	OH	43017	Check			1	
	Full Name of Contributor		45017	Registration Nun				
	**Jeffrey T. Stavroff		1.00	,				
	Street Address	Employer/Occups	ation/Labor Organization*	MID	Y Amount		ĺ	
	492 S. High Street, Suite 200	Attorney State Zip Code		0 5 2 4	i i	500.00		
	City			Form(Cash,Chec		500.00		
		OH	43215	Checl				
	Columbus Full Name of Contributor	10 11	43213	Registration Nun				
				Registration 14din	illoci, ii i / ic			
	Christopher Brown	Temple was/Ossured	tion/Labor Organization*	M D	Y Amount			
	Street Address	Employer/Occupation/Labor Organization* Judge		1 . 1 .	1 8	100.00		
	968 Euclaire Avenue			0 5 2 4 Form(Cash,Chec		100.00		
	City	1	Zip Code	1				
	Bexley	OH	43209	Chec				
			1.1 1' J 16	:161ad	accupation rather the	on employer		
	* Required for contributions from individuals over \$100 to statewic							
	should be listed. If two or more employees contribute via payroll d	eduction and exceed	the aggregate of \$100, the i	abor organization o	of winch the employer	es are	1	
\oplus	members, if any, must appear. [R.C. 3517.10(B)(4)]	- €)				 	
ı	Fill in the house heless such as the last room for this arount	•						
	Fill in the boxes below only on the last page for this event.	Inder Full Name of C	ontributor state "Contributio	ns from form No. 3	1-E" and list the date	of the 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 in the date column.								
							_	
	Total contributions this event	Total expenditures thi	s event]	
					Page Total \$1	L300.00		
]	
**	On appointed counsel list.						_	