



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee		<u> </u>			
Committee to Elect McCaughan for Judge					
Full Name of Contributor	er, if PAC				
Danny W. Bank			!		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4773 Gale Road					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Granville	ОН	43023	01/11/2018 \$250.0		\$250.00
Full Name of Contributor	<u></u>		4	Registration Number	er, if PAC
Angela Albert Brown					
Street Address	Employe	yer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
536 S. High Street	-	check			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	ОН	43215		02/15/2018	\$200.00
Full Name of Contributor	Registration Numb				er, if PAC
Weis & O'connor			1		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
22 E. Gay Street, Suite 401					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus,	ОН	43215	02/25/2018 \$125.00		\$125.00
Full Name of Contributor				Registration Number	er, if PAC
Kim VanDoorn					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7755 Amberfalls Ct.	check				
City	State	Zip Code	Date (MM/DD	DYYYY)	Amount
Dublin	ОН	43216		03/17/2018	\$125.00
Full Name of Contributor		er, if PAC			
Valerie H. Brill				l	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1408 Lake Shore Blvd					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	OH	43204		03/21/2018	\$100.00

Page	Total	\$800.00	

<sup>\*</sup>Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]