## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Registration Number, if PAC   Regi	Name of Committee in Full Committee for Chris Brown for Judge	<u> </u>		<u> </u>	<u> </u>	
	Full Name of Contributor			Registration Number, if PAC		
Soil S. High St.  Claw Firm  Columbus  OH 4315	Krapenc Law Office					
State	1		■ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Columbus				M D Y	Amount	
Total Contributions from Form 31-E  Street Address  Employer/Occupation/Labor Organization  Street Address  Employer/Occupation/Labor Organization  Registration Number, if PAC  City  State OH  Zip Code OH  Zip Cod		ОН	<del>-</del>	1. 1 1 1 1		
Employer/Occupation/Labor Organization				Registration Number, if	PAC	
State   Zip Code   N.   D   Y   Amount					_	
Full Name of Contributor OH OP TO TOTAL STATE  Registration Number, if PAC  City State OH OP	Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
Full Name of Contributor Omitted due to editing  Street Address  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) OH Zip Code OH Zip	City		Zip Code			
Size Address    Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	Full Name of Contributor	1 011				
State				Registration Number, if PAC		
Full Name of Constributor  Jason Kester  Steret Address  2284 Breeze Hill Dr.  Attorney  Stage Zip Code OH 43123  D 2 1 3 1 4 S100.00  Registration Number, if PAC  Stage Address  Lemployer/Occupation/Labor Organization  Attorney  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Amount  Street Address  Lemployer/Occupation/Labor Organization  Attorney  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  City  State Zip Code M 1 D Y Amount  Columbus  OH 43206  OH 43206  Form (Cash, Check, etc.)  Check  City  State Zip Code M 200 1 3 1 4 Amount  Columbus  Registration Number, if PAC  Check  City  State Zip Code M 1 D Y Amount  Attorney  Check  City  State Zip Code  OH 43215  OH 43215  OH 43215  OH 43215  OH 43215  Check  City  Check  City  State Zip Code  OH 43215  OH 43213  OH 4 Amount  Check, etc.)  Check  City  Check  City  Check  City  Columbus  Columbus  Check  City  Columbus  Employer/Occupation/Labor Organization  Insurance Agent  Check  City  Check  City  Columbus  Check  City  Columbus  Columbus  Employer/Occupation/Labor Organization  Insurance Agent  Check  City  Columbus  Columbus  Check  City  Columbus  Check  City  Check  City  Columbus  Check  City  Check  City  Columbus  Check  City  Columbus  Columbus  Check  City  Columbus  Check  City  Columbus  Check  City  Check  City  Columbus  Check  City  Check	Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
Registration Number, if PAC   JASON Kester   Street Address   Employer/Occupation/Labor Organization   Attorney   Check   City   State   Zip Code   M   D   V   Amount   S100.00	City		Zip Code	M D Y	Amount	
Jason Kester   Street Address   Employer/Occupation/Labor Organization   Attorney   Check		i ou				
2284 Breeze Hill Dr.				Registration Number, if	PAC	
Attorney	Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
Grove City  Grove City  Jeremy Dodgion  Street Address  Employer/Occupation/Labor Organization  Attorney  Columbus  Employer/Occupation/Labor Organization  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  City  Columbus  Columbus  Columbus  Employer/Occupation/Labor Organization  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  City  Columbus  Employer/Occupation/Labor Organization  Attorney  State Zip Code  OH 43215  O 2 1 8 1 4 5100.00  Form (Cash, Check, etc.)  Check  City  Columbus  Form (Cash, Check, etc.)  Check  City  Columbus  Employer/Occupation/Labor Organization  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  City  Columbus		Attorney				
Street Address   Employer/Occupation/Labor Organization			= -	0 2 1 3 1 4		
Employer/Occupation/Labor Organization			· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC	
Attorney  Columbus  Columb						
Columbus  Columb						
Columbus  OH 43206  OH 43206  OH 2 1 3 1 4 \$200.00  Full Name of Contributor  E. Scott Shaw  Street Address  500 South Front St., Suite 130  Check  City  Columbus  Full Name of Contributor  Michael Silberstein  Street Address  Employer/Occupation/Labor Organization  OH 43215  Form (Cash, Check, etc.)  OH 43215  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Mi D Y Amount  S100.00  Registration Number, if PAC  City  Michael Silberstein  Street Address  Employer/Occupation/Labor Organization  OH 43213  O 2 2 1 1 4 \$100.00  Check  Check  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)					Check	
E. Scott Shaw  Street Address  500 South Front St., Suite 130  City  Columbus  Columbus  Columbus  Columbus  Street Address  Columbus  C	•	- 1			I	
Street Address  500 South Front St., Suite 130  Employer/Occupation/Labor Organization  Attorney  State Zip Code M D Y Amount S100.00  Full Name of Contributor  Michael Silberstein  Street Address  1093 Fountain Ln., Apt D  City  Columbus  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)  Insurance Agent  Columbus  Columbus  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Check  City  Columbus  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Check  Registration Number, if PAC  Columbus  Form (Cash, Check, etc.)  Check  Form (Cash, Check, etc.)  Check  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)	Full Name of Contributor	<u>-                                 </u>	•	Registration Number, if	PAC	
Attorney  Check  City Columbus  Colu	E. Scott Shaw					
City Columbus  OH  Amount Columbus  OH  OH  Columbus  OH  Columbus  Registration Number, if PAC  Columbus	Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
Full Name of Contributor  Michael Silberstein  Street Address  1093 Fountain Ln., Apt D  Insurance Agent  Columbus  Full Name of Contributor  Columbus  OH  43213  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Check  Check  Registration Number, if PAC  Check  Check  State  Columbus  OH  43213  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)	500 South Front St., Suite 130	Attorney			Check	
Full Name of Contributor  Michael Silberstein  Street Address  1093 Fountain Ln., Apt D  Insurance Agent  Columbus  Full Name of Contributor  Columbus  OH  43213  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Check  Check  Registration Number, if PAC  Check  Check  State  Columbus  OH  43213  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)	City			M D Y	Amount	
Michael Silberstein  Street Address  1093 Fountain Ln., Apt D  City Columbus  Columbus  Form (Cash, Check, etc.)  State Columbus  OH  43213  O 2 2 1 1 4 S 100.00  Registration Number, if PAC  Toure McCord  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)		OH	43215	021814	\$100.00	
1093 Fountain Ln., Apt D  Insurance Agent  City  Columbus  OH  43213  O 2 2 1 1 4 \$100.00  Full Name of Contributor  Toure McCord  Street Address  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)	Full Name of Contributor Michael Silberstein			Registration Number, if	PAC	
1093 Fountain Ln., Apt D	Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
Columbus  OH 43213  O 2 2 1 1 4 \$100.00  Full Name of Contributor  Toure McCord  Street Address  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)		Insurance	Insurance Agent		<u> </u>	
Toure McCord  Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)	-	1 '		M D Y O 2 2 1 1 4	P I	
944 S. Front St	Full Name of Contributor Toure McCord	-		Registration Number, if	PAC	
944 C Front Ct	Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
	844 S. Front St.	1			Cash	
City   State   Zip Code   M   D   Y   Amount   Columbus   OH   43206   0   3   1   0   1   4   \$100.00	City Columbus	<b>I</b>		N D Y	Amount S100.00	

Page Total \$3,365.00

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)]