

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 7/24/14
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Name of Committee in Full			
Committee for Chris Brown for Judge			
Full Name of Contributor		Registration Number, if PAC	
Marcus Van Wey			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
516 Elsmere Street		07	24 14 50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43206	E	
Full Name of Contributor		Registration Number, if PAC	
Stephen Wolfe			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1247 Forsythe Ave		07	24 14 50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43201	E	
Full Name of Contributor		Registration Number, if PAC	
Michael Philabaun			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
601 S. High Street		07	24 14 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43215	E	
Full Name of Contributor		Registration Number, if PAC	
William Nesbitt			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2657 Amberwick Pl.		07	24 14 150.00
City	State Zip Code	Form (Cash, Check, etc.)	
Hilliard	OH 43026	E	
Full Name of Contributor		Registration Number, if PAC	
Carpenter Lipps & Leland			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
280 Plaza, Suite 1300		07	24 14 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43215	E	
Full Name of Contributor		Registration Number, if PAC	
Paul Trinh			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1675 Old Henderson Rd.		07	24 14 20.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43220	E	
Full Name of Contributor		Registration Number, if PAC	
Probst Law Office			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
85 E Gay St. Suite 608		07	24 14 50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43215	E	

* 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)]

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

2,350 00

Total expenditures this event.

00 00

Page Total \$ 520.00