

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee for Chris Brown for JUDGE			
Full Name of Contributor		Registration Number, if PAC	
William H. Nesbitt			
Street Address	Employer/Occupation/Labor Organization*	M	D
2657 Amberwick Pl.		1	2
City	State	Y	Amount
Hilliard	OH	11	100.00
Zip Code		Form (Cash, Check, etc.)	
43026-8894			
Full Name of Contributor		Registration Number, if PAC	
Kristin J. Bryant			
Street Address	Employer/Occupation/Labor Organization*	M	D
7489A Parksedge Ct		1	2
City	State	Y	Amount
Reynoldsburg	OH	11	50.00
Zip Code		Form (Cash, Check, etc.)	
43068			
Full Name of Contributor		Registration Number, if PAC	
Paul Scott			
Street Address	Employer/Occupation/Labor Organization*	M	D
536 S. High Street		1	2
City	State	Y	Amount
Columbus	OH	11	1,000.00
Zip Code		Form (Cash, Check, etc.)	
43215			
Full Name of Contributor		Registration Number, if PAC	
Abe Bahgat			
Street Address	Employer/Occupation/Labor Organization*	M	D
338 S. High St.		1	2
City	State	Y	Amount
Columbus	OH	11	200.00
Zip Code		Form (Cash, Check, etc.)	
43215			
Full Name of Contributor		Registration Number, if PAC	
Jeffrey Basnett			
Street Address	Employer/Occupation/Labor Organization*	M	D
330 S. High St.			
City	State	Y	Amount
Columbus	OH		150.00
Zip Code		Form (Cash, Check, etc.)	
43215			
Full Name of Contributor		Registration Number, if PAC	
Stacey Sydow			
Street Address	Employer/Occupation/Labor Organization*	M	D
155 W. Main St. Suite 200A		1	2
City	State	Y	Amount
Columbus	OH	11	75.00
Zip Code		Form (Cash, Check, etc.)	
43215			
Full Name of Contributor		Registration Number, if PAC	
Sydow Leis LLC			
Street Address	Employer/Occupation/Labor Organization*	M	D
155 W. Main St. Suite 200A		1	2
City	State	Y	Amount
Columbus	OH	11	75.00
Zip Code		Form (Cash, Check, etc.)	
43215			

* 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

3,175	00
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3375

Total expenditures this event.

600	00
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Page Total \$ 1,650.00