

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Jeffrey M. Brown for Judge					
Full Name of Contributor James Stremanos				Registration Number, if PAC	
Street Address 441 Whitney Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor William Strauch				Registration Number, if PAC	
Street Address 5076 Medallion Dr. W.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Cathleen Strauch				Registration Number, if PAC	
Street Address 5076 Medallion Dr. W.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lee Smith				Registration Number, if PAC	
Street Address 929 Harrison Ave., Suite 300	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 600.00
Full Name of Contributor Charles Schneider				Registration Number, if PAC	
Street Address 5633 Montridge Ln.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Barbara Roman				Registration Number, if PAC	
Street Address 1 Haverhill Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Martha Miller				Registration Number, if PAC	
Street Address 288 E. North Broadway	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00

* 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 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

\$ 2,250

Total expenditures this event

\$ 4213

Page Total \$ **1,100.00**