

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 Committee					
Full Name of Contributor Richard Donahev				Registration Number, if PAC	
Street Address 495 S. High St., Suite 300	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Friedman & Mirman Co., LPA				Registration Number, if PAC	
Street Address 1320 Dublin Rd., Suite 101	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Cooke Demers, LLC				Registration Number, if PAC	
Street Address 260 Market St., Suite F	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City New Albany	State OH	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Marotta				Registration Number, if PAC	
Street Address 2294 Club Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Kitrick, Lewis & Harris Co.				Registration Number, if PAC	
Street Address 445 Hutchinson Ave., Suite 100	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 750.00
Full Name of Contributor Lamkin, Van Eman, Trimble & Dougherty, LLC				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Tom Mason				Registration Number, if PAC	
Street Address 1570 London Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00

* 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

10,400

Total expenditures this event

0

Page Total \$ **2,500.00**