Event Date	02/02/17
Page	5

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
Jeffrey M. Brown for Judge						
Full Name of Contributor				Registration Number, if PAC		
Charles Schneider						
Street Address	Employer/Occupa	ation/Labor Organization*		Y Amount		
5633 Montridge Ln.			0 2 0 2 1		100.00	
City	State	Zip Code	Form(Cash,Check,etc	:)		
Dublin	O H	43016	Check			
Full Name of Contributor			Registration Number,	if PAC		
Sanjay Sadana						
Street Address	Employer/Occupation/Labor Organization*		1 1 1	Y Amount		
8236 Chippenham Dr.				17	250.00	
City	State	Zip Code	Form(Cash,Check,etc	<b>(</b> )		
Dublin	$O \mid H$	43016	Check			
Full Name of Contributor			Registration Number,	if PAC	<del></del>	
Ronald Sabatino						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount		
3895 Stoneridge Ln.			0 2 0 2 1	7	250.00	
City	State	Zip Code	Form(Cash,Check,etc	2)		
Dublin	$\frac{1}{1}$	43017	Check			
Full Name of Contributor			Registration Number,	if PAC		
Lata Koneru						
Street Address	Employer/Occup	ation/Labor Organization*	1 1 1	Y Amount		
4218 Penrith Ct.				7	250.00	
City	State	Zip Code	Form(Cash,Check,etc	<del></del>		
Dublin	- $        -$	43016	Check			
Full Name of Contributor			Registration Number,	if PAC		
Roger Koeck						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
6257 Emberwood Rd.			0 2 0 2 1	7	100.00	
City	State	Zip Code	Form(Cash,Check,etc	2)		
Dublin	$O \mid H$	43017	Check_			
Full Name of Contributor			Registration Number,	, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check,etc	2)		
Full Name of Contributor			Registration Number,	, if PAC		
			1			
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check,etc	e)		
			1			
<u></u>	<del></del>					

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				
#950∞				

ota	expe	Han	ures i	ms ev	ent	
		4	5			

Page Total \$	950.00

<sup>\*</sup> 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)]