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

Event Date 2/11/16	
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full REELECT JUDGE BROWN! (RJB)			
Full Name of Contributor ERIC HOFFMAN*			Registration Number, if PAC
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization* ATTORNEY/SELF		M D Y Amount 0 2 1 1 1 6 \$100.00
City COLUMBUS	Stafte OH	Zip Code 43215	Form (Cash, Check, etc.) CASH
Full Name of Contributor ANNY HOFFMAN	•		Registration Number, if PAC
Street Address 2722 BEXLEY PARK RD.	Employer/Occupation/Labor Organization* UNKNOWN		0 2 1 1 1 6 \$100.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) CASH
Full Name of Contributor MARK SABATH			Registration Number, if PAC
Street Address 338 S. HIGH ST.		tion/Labor Organization* NEY/SELF	0 2 1 1 1 6 \$100.00
City COLUMBUS	Staf te OH	Zip Code 43215	Form (Cash, Check, etc.) CASH
Full Name of Contributor CHRISTOPHER HECKERT*			Registration Number, if PAC
Street Address 65 GATESIDE PL SE	Employer/Occupa ATTORI	tion/Labor Organization* NEY	M D Y Amount 0 2 1 1 1 1 6 \$100.00
City MARIETTA	Stal te . GA	Zip Code 30067	Form (Cash, Check, etc.) CHECK
Full Name of Contributor KENNETH GOLDBERG			Registration Number, if PAC
Street Address 575 S. THIRD ST.	ATTORI	tion/Labor Organization* NEY	0 2 1 1 1 6 \$150.00
City COLUMBUS	Stalte OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK
Full Name of Contributor ROBERT BEHAL			Registration Number, if PAC
Street Address 2531 BRENTWOOD RD.	Employer/Occups ATTOR	ntion/Labor Organization*	0 2 1 1 1 6 \$250.00
City BEXLEY	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK
Full Name of Contributor AMY WEIS			Registration Number, if PAC
Street Address 22 E. GAY ST. STE 301	ATTOR		0 2 1 1 1 6 \$150.00
City COLUMBUS	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK

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 even	t
\$0.00	

Total expenditures this event.

\$0,00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]