

Event Date 07/26/16

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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 Calumet LLC				Registration Number, if PAC	
Street Address 732 Stonewood Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 16
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Gerald Sunbury				Registration Number, if PAC	
Street Address 250 Civic Center Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Brian Joslyn				Registration Number, if PAC	
Street Address 901 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 16
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 600.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

0

Page Total \$ 900.00