

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 Brian Rigg				Registration Number, if PAC	
Street Address 720 S. High St.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Toure McCord				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Sherman McCord				Registration Number, if PAC	
Street Address 206 Fountain Ave.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Davton	State OH	Zip Code 45405	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 4967 Smoketalk Ln.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Columbus	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Roger Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jeffrey Berendt				Registration Number, if PAC	
Street Address 575 S. High St.	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201	Employer/Occupation/Labor Organization*		M 110	D 215	Y 116
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 300.00

* 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

800.00

Total expenditures this event

0.00

Page Total \$ 800.00