

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

Prescribed by Secretary of State 03/05

Event Date

10/22/14

Page

5

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC
Committee for Chris Brown for Judge		Dorsey Hager		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
20590 Collins Rd.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Milford Center	OH	43045		25.00
Full Name of Contributor		Registration Number, if PAC		
Adam Friedman, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1292 S. 4th Street		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43206		50.00
Full Name of Contributor		Registration Number, if PAC		
Jessica Clinger				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
222 Frebis Ave.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43206		25.00
Full Name of Contributor		Registration Number, if PAC		
Lynn L. Hayes				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2382 Briers Dr.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43209		25.00
Full Name of Contributor		Registration Number, if PAC		
Robert Dorans				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
146 E. 4th Ave.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Columbus	OH	43201		25.00
Full Name of Contributor		Registration Number, if PAC		
Kristin Bryant, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6644 Rosetree Dr.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Reynoldsburg	OH	43068		50.00
Full Name of Contributor		Registration Number, if PAC		
Roger Koeck, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6257 Emberwood Rd.		10	22	14
City	State	Zip Code	Form (Cash, Check, etc.)	Amount
Dublin	OH	43017		50.00

* 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)]

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

855 00

Total expenditures this event.

~~150.00~~

Page Total \$

250.00