31-E
R.C. 3517.10(B)

Event Date 08/10/16
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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	Registration Number, if PAC					
Thomas Hunter						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
604 E. Rich St.			08	10	16	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
Wayne Harer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2549 Tremont Rd.			08	10	16	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	Check			
Full Name of Contributor	Registration Number, if PAC					
John Camillus						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5818 Crescent Ct.			08	10	16	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43085	Check			
Full Name of Contributor	Registration Number, if PAC					
Plymale & Dingus, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
250 Civic Center Dr., Suite 600			08	10	16	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
Koenig & Long, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5354 N. High St.			08	10	16	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	Check			
Full Name of Contributor	Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor	Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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: $900

Total expenditures this event: $58.00

Page Total $ 900.00