

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 Dean Adamantidis			Registration Number, if PAC	
Street Address 2320 Kensington Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor New Albany State PAC			Registration Number, if PAC 1523	
Street Address 88 E. Broad St., Suite 1230	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 600.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Mentel & Assoc.			Registration Number, if PAC	
Street Address 100 S. 4th St.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Koenig Law Offices			Registration Number, if PAC	
Street Address 5354 N. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Check	
Full Name of Contributor Issac Wiles Burkholder & Teetor, LLC			Registration Number, if PAC	
Street Address 2 Miranova Pl., Suite 700	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Calumet, LLC			Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 1,000.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Frost Brown Todd LLC PAC			Registration Number, if PAC 783	
Street Address 301 E. Fourth St., Suite 3300	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 250.00
City Cincinnati	State O H	Zip Code 45202	Form(Cash, Check, etc) Check	

* 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

\$8,300

Total expenditures this event

0

Page Total \$ **2,800.00**