

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor				M	D	Y	Amount
Committee for Chris Brown for Judge							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Karen Kostelac				0	5	0	25.00
Street Address		City		Form (Cash, Check, etc.)			
155 W. Main St. #803		Columbus		Check			
State		Zip Code					
OH		43215-0562					
Full Name of Contributor				Registration Number, if PAC			
Megan Grant				M	D	Y	Amount
258 Crawford Ct.				0	5	0	50.00
Street Address		City		Form (Cash, Check, etc.)			
Westerville		Columbus		Check			
State		Zip Code					
OH		43082-7407					
Full Name of Contributor				Registration Number, if PAC			
Philip Kaufman				M	D	Y	Amount
492 S. High Street Suite 200				0	5	0	50.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
Michael Sexton				M	D	Y	Amount
984 Highland Street				0	5	0	100.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43201					
Full Name of Contributor				Registration Number, if PAC			
Conor Dempsey				M	D	Y	Amount
1305 Westwood Ave.				0	5	0	20.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Cash			
State		Zip Code					
OH		43212					
Full Name of Contributor				Registration Number, if PAC			
George Breitmayer				M	D	Y	Amount
309 S. 4th St. Suite 100				0	5	0	250.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
Brian Rigg				M	D	Y	Amount
720 S. High Street				0	5	0	100.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43206					

* 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

2,145 ⁰⁰

Total expenditures this event.

~~380~~ ⁰⁰

Page Total \$

595.00