

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	
Committee for Chris Brown for Judge					
Full Name of Contributor				Amount	
George W. Leach				75.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
100 E. Main Street		12	11	14	
City	State	Zip Code			
Columbus	OH	43215			
Full Name of Contributor				Registration Number, if PAC	
Donald L. Kline					
Full Name of Contributor				Amount	
100 E. Main Street				75.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
100 E. Main Street		12	11	14	
City	State	Zip Code			
Columbus	OH	43215-5208			
Full Name of Contributor				Registration Number, if PAC	
Todd Barstow					
Full Name of Contributor				Amount	
616 Monticello Ct.				100.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
616 Monticello Ct.		12	11	14	
City	State	Zip Code			
Pataaskala	OH	43062			
Full Name of Contributor				Registration Number, if PAC	
Thomas A. Gjo Stein					
Full Name of Contributor				Amount	
6720 Hayhurst Street				250.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
6720 Hayhurst Street		12	11	14	
City	State	Zip Code			
Worthington	OH	43085-2539			
Full Name of Contributor				Registration Number, if PAC	
Sarah M. Schregardus					
Full Name of Contributor				Amount	
208 Leland Ave.				75.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
208 Leland Ave.		12	11	14	
City	State	Zip Code			
Columbus	OH	43214-1514			
Full Name of Contributor				Registration Number, if PAC	
Sarah Valentine					
Full Name of Contributor				Amount	
2915 Boggs Rd.				20.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
2915 Boggs Rd.		12	11	14	
City	State	Zip Code			
Zanesville	OH	43701			
Full Name of Contributor				Registration Number, if PAC	
Barney DeBrosse LLC					
Full Name of Contributor				Amount	
503 S. Front Street, Suite 2408				75.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Form (Cash, Check, etc.)
503 S. Front Street, Suite 2408		12	11	14	
City	State	Zip Code			
Columbus	OH	43215			

* 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

3,495	00
-------	----

Total expenditures this event.

600	00
-----	----

Page Total \$ 670.00

3375

D