

Event Date	02/02/17
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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 Eric Hoffman				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Karen Held Phipps				Registration Number, if PAC	
Street Address 3807 Lakedale Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Andrew Havas				Registration Number, if PAC	
Street Address 300 Bradford Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Canfield	State O H	Zip Code 44406	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William Hannigan				Registration Number, if PAC	
Street Address 7715 Triple Ct.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O H	Zip Code 43016	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Woodrow Fox				Registration Number, if PAC	
Street Address 233 North Bend Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Pataskala	State O H	Zip Code 43062	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Patrick Fleming				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 580 S. High St., Suite 250	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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 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

\$ 4,000.00

Total expenditures this event

0

Page Total \$ **1,000.00**