

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 Committee				
Full Name of Contributor Michael Henry			Registration Number, if PAC	
Street Address 1560 Buck Trail Ln.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 6	Amount 100.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Matthew Planev			Registration Number, if PAC	
Street Address 7326 St. Rt. 19	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 50.00
City Mt. Gilead	State O H	Zip Code 43338	Form(Cash,Check,etc) Check	
Full Name of Contributor Wayne Harer			Registration Number, if PAC	
Street Address 2549 Tremont Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Timothy Preece			Registration Number, if PAC	
Street Address 1768 Lake Shore Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor R K Kerns			Registration Number, if PAC	
Street Address 1902 Lake Shore Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Morehart for Judge Committee			Registration Number, if PAC	
Street Address 225 E. Broad St., 4th Flr.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet Grubb			Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43209	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

10,400

Total expenditures this event

0

Page Total \$ **1,400.00**