Event Date	02/02/17
Page	10

Statement of Contributions Received at a Social or Fundraising Event

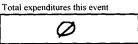
Prescribed by Secretary of State 3/05

	rescribed by Sec	retary of State 5/05			
Name of Committee in Full Loffrox M. Brown for Judge					
Jeffrey M. Brown for Judge Full Name of Contributor			Registration Number, if PAC		
			Registration Number, if PAC		
Toure McCord Street Address	E-malayer/C	otion/Labor Organization*	<u> </u>		
	Employer/Occupation/Labor Organization*		M D Y Amount 0 2 0 2 1 7	100.00	
844 S. Front St.				100.00	
Coloredore	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43206	Cash		
Full Name of Contributor			Registration Number, if PAC		
Gerald Leeseberg	E1- //		 		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00	
300 W. Spring St., Suite 250		la: 0.1	0 2 0 2 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		
Full Name of Contributor			Registration Number, if PAC	•	
Steven Larson					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	200.00	
4967 Smoketalk Ln.			0 2 0 2 1 7	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43081	Check		
Full Name of Contributor			Registration Number, if PAC		
Joseph Landusky					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
901 S. High St.			0 2 0 2 1 7	300.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43206	Check		
Full Name of Contributor Registration Number, if PAC					
Robert Krapenc					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
580 S. High St., Suite 250			0 2 0 2 1 7	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215	Check		
Full Name of Contributor	 		Registration Number, if PAC		
Jo Kaiser			}		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
389 Library Park Ct.	1		0 2 0 2 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O + H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
William Ireland					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
85 Liberty St.			0 2 0 2 1 7	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215	Check		

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



Page Total \$ __1.150.00

^{*} 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)]