

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 Toure McCord				Registration Number, if PAC			
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Cash			
Full Name of Contributor Gerald Leeseberg						Registration Number, if PAC	
Street Address 300 W. Spring St., Suite 250		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Larson						Registration Number, if PAC	
Street Address 4967 Smoketalk Ln.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	200.00
City Columbus		State O H	Zip Code 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph Landuskv						Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	300.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Krapenc						Registration Number, if PAC	
Street Address 580 S. High St., Suite 250		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Jo Kaiser						Registration Number, if PAC	
Street Address 389 Library Park Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William Ireland						Registration Number, if PAC	
Street Address 85 Liberty St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	200.00
City Columbus		State O H	Zip Code 43215	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

~~\$4000~~ 8500

Total expenditures this event

0

Page Total \$ 1,150.00