## Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

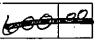
V. 440 1 m.H				
Committee for Chris Z	Brown +	For Tidge		
Full Name of Contributor			Registration Number, if PAC .	
Mark H. Hummer				<b>.</b>
1795 Edgemont Rd.	Employer/Occupation/Labor Organization*		المرارات الحرارا	75.00
ch i i	Sta te	Zip Code	Form (Cash elieck, etc.)	
Columbus.	OH	43212-1022		
Nemann Law Office			Registration Number, if	PAC
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
1243 S. High Street	Sta te	7 ode	Form (Cash, Office) etc.)	100.00
Columbus	OH	43206	roun (Casa, State Sett.)	
Full Yarre of Contributor			Registration Number, if	PAC
Roger M. Koeck Street Address  Employer/Occupation/Labor Organization*			MIRIN	Amount
6257 Ember wood Rd			121114	75.00
Dublin	State	Zip Code 43017	Form (Cash, Chect ele)	
Full Name of Contributor			Registration Number, if I	AC
Street Address Employer/Occupation/Labor Organization*			M D Y	Amount
250 Civic Center Dr. Suite 600	Employer Occupation Labor Organization		12/1/4	250.00
Columbias	Sra to	Zip Code 43215	Form (Cash, Pheck)etc.)	
Marcus M. Van Wey			Registration Number, if P	AC
Street Address	Employer/Occupation/Labor Organization*			Amount
516 Elsmere St.	Displayer Occupation Casto Constitution		121114	75.00
Columbus	OH/	Zip Code 43206-1308	Form (Cash Check, etc.)	
Full Name of Contributor	Registration Number, if P	AC		
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if P.	AC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	Sia te	Zip Code	Form (Cash, Check, etc.)	
Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contributor is s	elf-employed, the occur	nation and the name of

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

Total expenditures this event.





labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]