31-E
R.C. 3517.10(B)

Event Date 03/31/16
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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 Committee

Full Name of Contributor	Registration Number, if PAC					
Mark Collins Co., LPA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
492 S. High St.			03	31	16	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
John Johnson Law Office, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
501 S. High St.			03	31	16	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
Michael Zid						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2750 Alliston Ct.			03	31	16	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43220	Check			
Full Name of Contributor	Registration Number, if PAC					
Ray DiDonato						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6035 Lake Rd. West			03	31	16	275.00
City	State	Zip Code	Form(Cash,Check,etc)			
Ashtabula	OH	44004	Check			
Full Name of Contributor	Registration Number, if PAC					
David Houze						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
500 S. Front St.			03	31	16	600.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
George McCue						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4598 Bridle Path Lane			03	31	16	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Dublin	OH	43017	Check			
Full Name of Contributor	Registration Number, if PAC					
Eileen Bower						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5211 Red Oak Ln.			03	31	16	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Dublin	OH	43016	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: Ø

Page Total $ 1,975.00