

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 Benesch, Friedlander, Coplan & Aranoff, LLP			Registration Number, if PAC	
Street Address 41 S. High St., Suite 2600	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 500.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Maguire and Schneider, LLP			Registration Number, if PAC	
Street Address 1650 Lake Shore Dr., Suite 150	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 150.00
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Bricker & Eckler State PAC			Registration Number, if PAC OH821	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Rourke & Blumenthal, LLP			Registration Number, if PAC	
Street Address 495 S. High St., Suite 450	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Koenig & Long, LLC			Registration Number, if PAC	
Street Address 5354 N. High st.	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Cooke Demers, LLC			Registration Number, if PAC	
Street Address 260 Market St., Suite F	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City New Albany	State OH	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Keith Edwards Attorney at Law, LLC			Registration Number, if PAC	
Street Address 283 S. 3rd St.	Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City Columbus	State OH	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

\$ 8,500

Total expenditures this event

0

Page Total \$ 1,200.00