

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 Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 130	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Brian Rigg				Registration Number, if PAC	
Street Address 720 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Kevin McDermott				Registration Number, if PAC	
Street Address 2073 Sandover Ct.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Thomas Long				Registration Number, if PAC	
Street Address 2565 Leeds Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Jeffrey Lewis				Registration Number, if PAC	
Street Address 4474 Summit Ridge Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Andrea Levelle				Registration Number, if PAC	
Street Address 139 Blenheim Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Gerald Leesberg				Registration Number, if PAC	
Street Address 30 W. Spring St., Apt. 1303	Employer/Occupation/Labor Organization*		M 1	D 0	Y 16
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 500.00

* 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)]

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

8,250.00

Total expenditures this event

762.34

Page Total \$ 1,900.00