

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 2/26/15Page 9

Name of Committee in Full			
Committee for Chris Brown For Judge			
Full Name of Contributor		Registration Number, if PAC	
Thomas Hill			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7 Wiveli's Combe		0	22615 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054-7603	
Full Name of Contributor		Registration Number, if PAC	
R K Kerns			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1902 Lake Shore Dr.		0	22615 600.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204-4965	
Full Name of Contributor		Registration Number, if PAC	
Regina Griffith			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7539 Placid Ave		0	22615 200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	
Full Name of Contributor		Registration Number, if PAC	
Michael McElligott			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
511 E. Jeffrey Place		0	22615 200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214-1826	
Full Name of Contributor		Registration Number, if PAC	
Jeremy Dodgion			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1188 S. High St.		0	22615 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	
Full Name of Contributor		Registration Number, if PAC	
John Gonzales			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
335 Wildwood Dr		0	22615 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081-5729	
Full Name of Contributor		Registration Number, if PAC	
Robert Behal			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2531 Brentwood Rd.		0	22615 150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209-2108	

* 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 also 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

2,950	00
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Total expenditures this event.

600	00
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Page Total \$

1,450.00