

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 Mark Defossez			Registration Number, if PAC	
Street Address 2440 Canterbury Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 500.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Larry James			Registration Number, if PAC	
Street Address 1 Miranova Pl.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Donna James			Registration Number, if PAC	
Street Address 1 Miranova Pl.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Anne Valentine			Registration Number, if PAC	
Street Address 1469 Roxbury Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 500.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Andy Douglas			Registration Number, if PAC	
Street Address 914 Congressional Way	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43235	Form(Cash, Check, etc) Check	
Full Name of Contributor Goldman & Braunstein, LLP			Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Carpenter, Lipps & Leland, LLP			Registration Number, if PAC	
Street Address 280 N. High St., Suite 1300	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 6	Amount 250.00
City Columbus	State O H	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

10,400

Total expenditures this event

0

Page Total \$ **2,750.00**