31-E R.C. 3517.10(B)

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

	Prescribed by Sec	relary of State 03/05	
Name of Committee in Full   Par Chris	Brown	for stud	Poe.
Lammittee for Chris Roger M. Koeck		101 3142	Registration Number, if PAC
Street Addyes	Employer/Occ	upation/Labor Organization <sup>4</sup>	M D Y Amount
6257 Emberwood Ro	L.	openior Decor Organization	092414 100.00
Dublin	Starte	Zip Code	Form (Cash, effect, etc.)
Full Marne of Contributor		17011	Registration Number, if PAC
Carl taller			
938 City Park Avenas	2. Employer/Occ	pstion/Labor Organization*	092414 60.00
Columbus	Sta te	25p Code 43206	Form (Cash, Cast, Rt.)
Michael L. Silberstein			Registration Number, if PAC
1093 Fountain Ln. Apo	Employer/Occu	092414 50.00	
Columbus		43213 HA	Form (Cash, Orocck, dr.)
Full Name of Contributor Harko Pour (	Walls	LLC	Registration Number, if PAC
1316 Stimmel Road	Employer/Occupation/Labor Organization*		092414 300.00
Columbus	Sha të OH	43223	Form (Cash, Office, Sec.)
Full Name of Contributor		***	Registration Number, if PAC
trèct Address	Employer/Occup	stion/Labor Organization*	M D Y Amount
iy .	Sta re	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor		<del></del>	Registration Number, if PAC
rect Address	Rendered Name	etion/Lebor Organization*	MINIMA
	L'apoyaroccop	enorare outsinissues.	M D Y Arnount
ph.	Sta to	Zip Code	Form (Cesh, Check, etc.)
ull Name of Contributor			Registration Number, If PAC
reet Address	Employer/Occupation/Labor Organization*		M D Y Amount
<u> </u>	Sta to	Zip Code	Form (Cash, Check, etc.)
equired for contributions from individuals over \$100 to state	wide and General Acc	tembly candidates. If contains	too is salf amplaced the account.
e individual's business, if any, rather than employer should be bor organization of which the employees are members, if any,	Histed. If two or more	employees contribute via pay	to its seriestiployed, the occupation and the name of roll deduction and exceed the aggregate of \$100, the
in the boxes below only on the last page for this event.			
nsfer the Total contributions for this event to form No. 31-A. he date column	Under Full Name of C	Contributor state "Contribution	is from form No. 31-E sand list the date of the event
no oute continu			•

Total	contributions	th	is	event
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Total expenditures this event.