

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

Prescribed by Secretary of State 03/05

Event Date

9/24/14

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Name of Committee (in Full)		Full Name of Contributor		Registration Number, if PAC
Committee for Chris Brown for Judge		Roger M. Koeck		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6257 Emberwood Rd.		0	9	2
City	State	Zip Code	Amount	
Dublin	OH	43017	100.00	
Full Name of Contributor		Registration Number, if PAC		
Carl Faller				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
938 City Park Avenue		0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43206	60.00	
Full Name of Contributor		Registration Number, if PAC		
Michael L. Silberstein				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1093 Fountain Ln. Apt D		0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43213	50.00	
Full Name of Contributor		Registration Number, if PAC		
Althaddy Lacko Pour Walls LLC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1316 Stimmel Road		0	9	2
City	State	Zip Code	Amount	
Columbus	OH	43223	300.00	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Amount	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Amount	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Amount	

* 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

510 00

Total expenditures this event.

323 34

Page Total \$

510.00