

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

Prescribed by Secretary of State 03/03

Event Date

7/10/15

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Name of Committee in Full Committee for Chris Brown for Judge				Registration Number, if PAC	
Full Name of Contributor Richanne Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43207	Y	Amount 100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor IBEW				Registration Number, if PAC	
Street Address 900 Seventh Street NW		Employer/Occupation/Labor Organization*		M	D
City Washington		State DC	Zip Code 20001	Y	Amount 500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Emi Brakel				Registration Number, if PAC	
Street Address 1226 1/2 Hamlet		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43201	Y	Amount 100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Sarah Schregardus				Registration Number, if PAC	
Street Address 208 Leland Avenue		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Eric Hoffman				Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Toure McCord				Registration Number, if PAC	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43206	Y	Amount 150.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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:

950	00
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Total expenditures this event:

343.00

Page Total \$

950.00