31-E
R.C. 3517.10(B)

Event Date 03/31/16
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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			**Registration Number, if PAC**		
Mark Defossez					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
2440 Canterbury Rd.			03 31 16		500.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43221	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Larry James					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
1 Miranova Pl.			03 31 16		500.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43215	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Donna James					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
1 Miranova Pl.			03 31 16		500.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43215	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Anne Valentine					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
1469 Roxbury Rd.			03 31 16		500.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43212	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Andy Douglas					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
914 Congressional Way			03 31 16		250.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43235	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Goldman & Braunstein, LLP					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
500 S. Front St., Suite 1200			03 31 16		250.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43215	Check		
Full Name of Contributor			**Registration Number, if PAC**		
Carpenter, Lipps & Leland, LLP					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**		**Amount**
280 N. High St., Suite 1300			03 31 16		250.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
Columbus	OH	43215	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: Ø

Page Total $ 2,750.00