

Event Date	9/4/14
Page	15

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

Prescribed by Secretary of State 03/05

Name of Committee (if any)		Registration Number, if PAC									
Full Name of Contributor <i>Committee for Chris Brown for Judge</i>											
Street Address <i>Michael A. Philabaum 601 S. High Street</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>150.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Daniel Sabo</i>		Registration Number, if PAC									
Street Address <i>203 W. 1st Avenue</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>300.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43201</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Jeffrey Hutson</i>		Registration Number, if PAC									
Street Address <i>5220 Lola Way</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>50.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43235</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Todd Banstow</i>		Registration Number, if PAC									
Street Address <i>538 S. Yearling Rd.</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>100.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus Suite 202</i>		State <i>OH</i>	Zip Code <i>43213</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Richanne Zymkoski</i>		Registration Number, if PAC									
Street Address <i>2128 Poplar St.</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>100.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43207</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Dustin Blake</i>		Registration Number, if PAC									
Street Address <i>580 S. High St. Suite 200</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>600.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Form (Cash, Check, etc.) 							
Full Name of Contributor <i>Eric Hoffman</i>		Registration Number, if PAC									
Street Address <i>338 S. High St.</i>		Employer/Occupation/Labor Organization*		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>D</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td>0</td></tr> </table> Amount <i>100.00</i>		M	D	Y	0	9	0
M	D	Y									
0	9	0									
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	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

1,400	00
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Total expenditures this event

1,066	62
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Page Total \$ *1,400.00*