

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							
Full Name of Contributor John Connor				Registration Number, if PAC			
Street Address 436 W. Fifth Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H H	Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Berndt				Registration Number, if PAC			
Street Address 575 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Behal				Registration Number, if PAC			
Street Address 2531 Brentwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code		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 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

\$ 7,500.00

Total expenditures this event

0

Page Total \$ 350.00