



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee <i>Brgcco for Domestic Court Judge</i>				
Full Name of Contributor <i>Gift Browne</i>			Registration Number, if PAC	
Street Address <i>3184 Fern Dr</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>05/05/2018</i>	Amount <i>50.00</i>
City <i>Columbus</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43228</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Donald Cox</i>			Registration Number, if PAC	
Street Address <i>1507 Hance Rd</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>05/05/2018</i>	Amount <i>150.00</i>
City <i>Oscar</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43146</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Melissa Mark Hogan</i>			Registration Number, if PAC	
Street Address <i>4568 Hatwicks Dr</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>05/05/2018</i>	Amount <i>20.00</i>
City <i>Hilliard</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43026</i>	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Lisa S. Smith</i>			Registration Number, if PAC	
Street Address <i>10350 Widdington Plse</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>05/05/2018</i>	Amount <i>50.00</i>
City <i>Powell</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code	Form (Cash, Check, Etc) <i>check</i>	
Full Name of Contributor <i>Kemp Schaeffer Rowe LPA</i>			Registration Number, if PAC	
Street Address <i>88 West Mound</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>05/05/2018</i>	Amount <i>75.00</i>
City <i>Columbus</i>	State <i>OH</i> <input checked="" type="checkbox"/>	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

Total Expenditures This Event

Page Total \$ *375.00*