

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 Kennedy			Registration Number, if PAC	
Street Address 7070 Pleasant Colony Cir.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 600.00
City Blacklick	State O H	Zip Code 43004	Form(Cash, Check, etc) Check	
Full Name of Contributor Scott Jamieson			Registration Number, if PAC	
Street Address 6818 Ravine Cir.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 250.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) Check	
Full Name of Contributor Larry James			Registration Number, if PAC	
Street Address 1 Miranova Pl., Apt. 1040	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Donna James			Registration Number, if PAC	
Street Address 1 Miranova Pl., Apt. 1040	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 150.00
City Columbus	State O H	Zip Code 43220	Form(Cash, Check, etc) Check	
Full Name of Contributor William Curley			Registration Number, if PAC	
Street Address 6345 Grassmere Dr.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 250.00
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check	
Full Name of Contributor Gregory Brightman			Registration Number, if PAC	
Street Address 599 Fox Ln.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 9 1 6	Amount 250.00
City Worthington	State O H	Zip Code 43085	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

\$8,300

Total expenditures this event

0

Page Total \$ **1,700.00**