

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 Michael Siewert					Registration Number, if PAC		
Street Address 307 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Sergakis					Registration Number, if PAC		
Street Address 4942 Reed Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Columbus	State O	H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Donna Ruscitti					Registration Number, if PAC		
Street Address 1608 Preston Woods Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Columbus	State O	H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Probst					Registration Number, if PAC		
Street Address 2020 Pevensey Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus	State O	H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Tamra Potts					Registration Number, if PAC		
Street Address 2895 Stoneridge Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Dublin	State O	H	Zip Code 43017	Form(Cash,Check,etc) Cash			
Full Name of Contributor David Pariser					Registration Number, if PAC		
Street Address 2557 Bexley Park Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Bexley	State O	H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey Moore					Registration Number, if PAC		
Street Address 100 E. Main St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash			

* 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

\$8500

Total expenditures this event

0

Page Total \$ 800.00