

Event Date 06/09/16

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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 Michelle Moore			Registration Number, if PAC	
Street Address 732 Stonewood Ct.	Employer/Occupation/Labor Organization*		M 0 6	D 0 9 1 6 Y 6
City Columbus	State O H	Zip Code 43235	Form(Cash, Check, etc) Check	
Amount 500.00				
Full Name of Contributor David Moore				
Street Address 4034 Landhigh Lakes Dr.			Employer/Occupation/Labor Organization*	
City Powell	State O H	Zip Code 43065	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 250.00	
Full Name of Contributor George McCue				
Street Address 4598 Bridge Path Lane			Employer/Occupation/Labor Organization*	
City Dublin	State O H	Zip Code 43017	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 300.00	
Full Name of Contributor Laura McGregor Comek				
Street Address 7983 Luckstone Dr.			Employer/Occupation/Labor Organization*	
City Dublin	State O H	Zip Code 43017	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 250.00	
Full Name of Contributor Steven Larson				
Street Address 4967 Smoketalk Ln.			Employer/Occupation/Labor Organization*	
City Westerville	State O H	Zip Code 43081	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 100.00	
Full Name of Contributor William Lamkin				
Street Address 500 S. Front St., Suite 200			Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 250.00	
Full Name of Contributor Brian Kooperman				
Street Address 2570 Abington Rd.			Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43221	M 0 6	D 0 9 1 6 Y 6
Form(Cash, Check, etc) Check			Amount 500.00	

* 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 \$ **2,150.00**