

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 Committee				
Full Name of Contributor Siamak Shavani			Registration Number, if PAC	
Street Address 6995 Lambton Park Rd.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 250.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Adam Richards			Registration Number, if PAC	
Street Address 5638 Dumfries Ct. W.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 200.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor David Richards			Registration Number, if PAC	
Street Address 7158 Wilton Chase St.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 200.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Buchbinder			Registration Number, if PAC	
Street Address 2322 Worthingwoods Blvd.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 200.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Wendy Coffey			Registration Number, if PAC	
Street Address 2590 Imperial Way Dr.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 25.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor William Conner			Registration Number, if PAC	
Street Address 55 E. State St.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Henry Sturges			Registration Number, if PAC	
Street Address 986 N 3 B's & K Rd.	Employer/Occupation/Labor Organization*		M D Y 013 311 116	Amount 50.00
City Sunbury	State O H	Zip Code 43074	Form(Cash,Check,etc) Check	

* 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

10,400

Total expenditures this event

0

Page Total \$ **1,175.00**