

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 Haney				Registration Number, if PAC	
Street Address 3039 Whitebark Pl.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James Sicaras				Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Tiffany Sexton				Registration Number, if PAC	
Street Address 5751 Loch Maree Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Mark Serrott				Registration Number, if PAC	
Street Address 789 Northwest Blvd., Apt. A	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Nicole Ricart				Registration Number, if PAC	
Street Address 248 W. Poplar Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Joseph Redman				Registration Number, if PAC	
Street Address 4868 Blazer Pkwy	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Rebecca Pearcey				Registration Number, if PAC	
Street Address 121 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00

* 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 \$ **1,650.00**