

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 Wendy Meaney				Registration Number, if PAC	
Street Address 7507 Ravens Nest Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Columbus	State O	Zip Code 43235	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor William Mann				Registration Number, if PAC	
Street Address 97 S. Liberty St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Powell	State O	Zip Code 43065	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Marcia Harris				Registration Number, if PAC	
Street Address 4970 Medallion Dr. W.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Westerville	State O	Zip Code 43082	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Rheta Gallagher				Registration Number, if PAC	
Street Address 4532 Carriage Hill Ln.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Columbus	State O	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mark D'Alessandro				Registration Number, if PAC	
Street Address 166 Rivers Edge Way	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Gahanna	State O	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Christopher Brown				Registration Number, if PAC	
Street Address 245 Collins Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Susan Benedetti				Registration Number, if PAC	
Street Address 1072 Creswell Cir.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City New Albany	State O	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 100.00

* 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

\$ 2,750

Total expenditures this event

\$ 423

Page Total \$ **800.00**