

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 Law Office of Kevin Kerns				Registration Number, if PAC			
Street Address 3518 Riverside Dr., Suite 207		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Koenig and Long, LLC				Registration Number, if PAC			
Street Address 5354 N. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Aucoin & Younkin, LLC				Registration Number, if PAC			
Street Address 557 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Michael Sexton				Registration Number, if PAC			
Street Address 984 Highland St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	100.00
City Columbus		State O	H	Zip Code 43201	Form(Cash,Check,etc) Check		
Full Name of Contributor Brian Rigg				Registration Number, if PAC			
Street Address 720 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Mark Hunt				Registration Number, if PAC			
Street Address 720 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	150.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Thomas Gjostein				Registration Number, if PAC			
Street Address 6720 Hayhurst St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	500.00
City Worthington		State O	H	Zip Code 43085	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

\$1,750.00

Total expenditures this event

\$476.25

Page Total \$ **1,750.00**