

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

 Event Date 10/16/14
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Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC
Committee for Chris Brown for Judge		Don Kline, Esq.		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
3954 Antrim Rd.		10	16	14
City	State	Zip Code	Amount	
Columbus	OH	43221	\$100.00	
Full Name of Contributor		Registration Number, if PAC		
Jason Despetorich, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
100 E. Main Street		10	16	14
City	State	Zip Code	Amount	
Columbus	OH	43215	\$100.00	
Full Name of Contributor		Registration Number, if PAC		
George W. Leach, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
100 E. Main Street		10	16	14
City	State	Zip Code	Amount	
Columbus	OH	43215	\$100.00	
Full Name of Contributor		Registration Number, if PAC		
Michael Ryan, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
105 Flintridge Dr.		10	16	14
City	State	Zip Code	Amount	
Gahanna	OH	43230	\$50.00	
Full Name of Contributor		Registration Number, if PAC		
James Mayer, Esq.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
571 Edgewood Rd.		10	16	14
City	State	Zip Code	Amount	
Mansfield	OH	44907	\$250.00	
Full Name of Contributor		Registration Number, if PAC		
Paul Morrison				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1001 Esther Dr.		10	16	14
City	State	Zip Code	Amount	
Columbus	OH	43207	\$60.00	
Full Name of Contributor		Registration Number, if PAC		
Luttmann Heck & Assoc. LLP				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
580 East Rich. Street		10	16	14
City	State	Zip Code	Amount	
Columbus	OH	43215	\$150.00	

* 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 also 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

1,515	00
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Total expenditures this event

500	00
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Page Total \$ 810.00