

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

Prescribed by Secretary of State 03/05

Event Date	5/1/14
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Name of Committee in Full Committee for Chris Brown for Judge			
Full Name of Contributor Jeremy Dodgion		Registration Number, if PAC	
Street Address 1188 S. High Street	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 200.00
Zip Code 43206		Form (Cash, Check, etc.) Check	
Full Name of Contributor Letfman Heck and Associates LLP		Registration Number, if PAC	
Street Address 580 E. Rich Street	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 150.00
Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Philabaun		Registration Number, if PAC	
Street Address 3050 Scioto Trace	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 250.00
Zip Code 43221-4732		Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael McElligott		Registration Number, if PAC	
Street Address 511 E. Jeffrey Place	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 50.00
Zip Code 43214-1886		Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Krapenc		Registration Number, if PAC	
Street Address 601 S. High St. 1st Floor	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 150.00
Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Hunt		Registration Number, if PAC	
Street Address 720 S. High Street	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 100.00
Zip Code 43206		Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein		Registration Number, if PAC	
Street Address 1093 Fountain Ln. #D	Employer/Occupation/Labor Organization*	M 05	D 01
City Columbus	State OH	Y 14	Amount 50.00
Zip Code 43213-4158		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 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

2,145	00
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Total expenditures this event

350	00
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Page Total \$	950.00
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