

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 Moyer Law Offices, LPA				Registration Number, if PAC			
Street Address 9 E. Kossuth St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor John Johnson Law Office LLC				Registration Number, if PAC			
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Fran Tosi Ward				Registration Number, if PAC			
Street Address 1693 Cardiff Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Gladys Thomas				Registration Number, if PAC			
Street Address 98 Hamilton Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H	Zip Code 43203	Form(Cash,Check,etc) Cash		
Full Name of Contributor Lanny Thomas				Registration Number, if PAC			
Street Address 98 Hamilton Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H	Zip Code 43203	Form(Cash,Check,etc) Cash		
Full Name of Contributor Suzanne Stasiewicz				Registration Number, if PAC			
Street Address 533 S. Third St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Gerald Simmons				Registration Number, if PAC			
Street Address 59 W. Livingston Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	150.00
City Columbus		State O	H	Zip Code 43215	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

\$ 8500

Total expenditures this event

0

Page Total \$ **800.00**