

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 Yvette McGee Brown				Registration Number, if PAC	
Street Address 643 Crossing Crk S.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Washburn				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Wayne Harer				Registration Number, if PAC	
Street Address 2549 Tremont Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John Gilligan				Registration Number, if PAC	
Street Address 1420 Castleton Rd. N.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Thomas Curry				Registration Number, if PAC	
Street Address 200 W. Jeffrey Pl.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Law Office of Kevin R. Kerns, LLC				Registration Number, if PAC	
Street Address 3518 Riverside Dr., Suite 207	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 900.00

* 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

\$ 2,900

Total expenditures this event

0

Page Total \$ **2,300.00**