

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date	2/12/14
Page	5

Name of Committee in Full Committee for Chris Brown for Judge			
Full Name of Contributor Joslyn Law Firm		Registration Number, if PAC	
Street Address 901 S. High St.	Employer/Occupation/Labor Organization* Attorney	M D Y 0 2 1 2 1 4	Amount 40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash
Full Name of Contributor Lewis Dye		Registration Number, if PAC	
Street Address 555 S. Third St.	Employer/Occupation/Labor Organization* Dye Law Office/Att'y	M D Y 0 2 1 2 1 4	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash
Full Name of Contributor Dava Collette		Registration Number, if PAC	
Street Address 217 E. Moler St.	Employer/Occupation/Labor Organization* Jimmy V's - manager	M D Y 0 2 1 2 1 4	Amount 100.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.)
Full Name of Contributor Joshua Maynard		Registration Number, if PAC	
Street Address 217 E. Moler St.	Employer/Occupation/Labor Organization* Self	M D Y 0 2 1 2 1 4	Amount 50.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.)
Full Name of Contributor Carah Casler		Registration Number, if PAC	
Street Address 930 Enfield Rd.	Employer/Occupation/Labor Organization*	M D Y 0 2 1 2 1 4	Amount 25.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

* 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

~~\$1,740.00~~
\$0.00
~~\$1,740.00~~

1765 00

Total expenditures this event.

~~\$1,000.00~~
\$0.00

315

~~\$2,740.00~~
\$0.00
Page Total \$