

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 Committee						
Full Name of Contributor			Registration Number, if PAC			
Siamak Shavani						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6995 Lambton Park Rd.			0	3	1	250.00
City	State	Zip Code	Form (Cash, Check, etc)			
New Albany	OH	43054	Check			
Full Name of Contributor			Registration Number, if PAC			
Adam Richards						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5638 Dumfries Ct. W.			0	3	1	200.00
City	State	Zip Code	Form (Cash, Check, etc)			
Dublin	OH	43017	Check			
Full Name of Contributor			Registration Number, if PAC			
David Richards						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7158 Wilton Chase St.			0	3	1	200.00
City	State	Zip Code	Form (Cash, Check, etc)			
Dublin	OH	43017	Check			
Full Name of Contributor			Registration Number, if PAC			
Robert Buchbinder						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2322 Worthingwoods Blvd.			0	3	1	200.00
City	State	Zip Code	Form (Cash, Check, etc)			
Powell	OH	43065	Check			
Full Name of Contributor			Registration Number, if PAC			
Wendy Coffey						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2590 Imperial Way Dr.			0	3	1	25.00
City	State	Zip Code	Form (Cash, Check, etc)			
Grove City	OH	43123	Check			
Full Name of Contributor			Registration Number, if PAC			
William Corner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
55 E. State St.			0	3	1	250.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Henry Sturges						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
986 N 3 B's & K Rd.			0	3	1	50.00
City	State	Zip Code	Form (Cash, Check, etc)			
Sunbury	OH	43074	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
10,400

Total expenditures this event
0

Page Total \$ 1,175.00