

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Jeffrey M. Brown for Judge			
Full Name of Contributor Vincent Volpi		Registration Number, if PAC	
Street Address 551 S. 3rd St.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 600.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Roach		Registration Number, if PAC	
Street Address 2390 Kensington Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 100.00
City Columbus	State Zip Code O H 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Vincent Lodico		Registration Number, if PAC	
Street Address 5696 Windwood Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 100.00
City Dublin	State Zip Code O H 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric Hoffman		Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Hetterscheidt		Registration Number, if PAC	
Street Address 580 S. High St., Suite 200	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Gilbert Gradisar		Registration Number, if PAC	
Street Address 3698 Pevensey Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 250.00
City Columbus	State Zip Code O H 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor John Gonzales		Registration Number, if PAC	
Street Address 335 Wildwood Dr.	Employer/Occupation/Labor Organization*	M D Y 0 7 2 6 1 6	Amount 100.00
City Westerville	State Zip Code O H 43081	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
\$ 2,250

Total expenditures this event
0

Page Total \$ 1,350.00