Statement of Contributions Received
at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee

Committee to Re-Elect James W. Brown

Full Name of Contributor			Registration Number, if PAC	
Committee to Re-Elect Judge Gill				

Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
39 Schiller Aly			08/15/2018	$250.00

City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43206	check	

Full Name of Contributor			Registration Number, if PAC	

Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc	

Full Name of Contributor			Registration Number, if PAC	

Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc	

Full Name of Contributor			Registration Number, if PAC	

Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount

City	State	Zip Code	Form (Cash, Check, Etc	

Full Name of Contributor			Registration Number, if PAC	

Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount

City	State	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	Total Expenditures This Event	
$6,800.00	$648.79	Page Total $250.00