

Full Name of Committee				
Committee to Re-Elect James W. Brown				
Full Name of Contributor			Registration Number, if PAC	
Total contributions from Form 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		02/06/2018	\$ 15,135.00
Full Name of Contributor			Registration Number, if PAC	
Total contributions from Form 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		03/01/2018	\$ 6,550.00
Full Name of Contributor			Registration Number, if PAC	
Total contributions from Form 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		04/11/2018	\$4,975.00
Full Name of Contributor			Registration Number, if PAC	
Total contributions from Form 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Total contributions from Form 31-E				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]