



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Re-Elect James W. Brown				
Full Name of Contributor Richard A. Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/24/2018	Amount \$150.00
Full Name of Contributor Susan Lantz			Registration Number, if PAC	
Street Address 909 Schillingwood Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/26/2018	Amount \$100.00
Full Name of Contributor Baker & Wick, LLC			Registration Number, if PAC	
Street Address 400 South 5th Street, Suite 200	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2018	Amount \$150.00
Full Name of Contributor Firefighters Local 67 PAC Fund			Registration Number, if PAC LA 839	
Street Address 379 West Broad Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2018	Amount \$750.00
Full Name of Contributor Robin Stith			Registration Number, if PAC	
Street Address 13 East Kossuth Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 11/02/2018	Amount \$100.00

*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)]

Page Total \$1,250.00