Prescribed by Secretary of State 3/09

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor			Registration Number, if PAC				
Carl Meter							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
1243 S. High St.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	cash				
Full Name of Contributor			Registration Number, if PAC				
Phil Churchill							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
12341 Monkey Hollow			08	26	14		20.00
City	State	Zip Code	Form(Cash,Check,				
Sunbury	OH	43074	cash				
Full Name of Contributor			Registration Number, if PAC				
Joseph Piccin							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
3010 Halden Rd.			08	26	14		75.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43235	check				
Full Name of Contributor			Registration Number, if PAC				
Marty Anderson							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
3409 River Seine St.			08	26	14		75.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43221	check				
Full Name of Contributor			Registration Number, if PAC				
Wright & Noble LLC							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
7662 Slate Ridge Blvd.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43068	check				
Full Name of Contributor			Registration Number, if PAC				
Laura MacGregor Comek Trust							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
500 S. Front St.			08	26	14		250.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Sherie Yate							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
345 PC Groveport Rd. SE			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Galloway	OH	43119	cash				

* 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

Total expenditures this event

Page Total $ 720.00

31-E
R.C. 3517.10(B)

Event Date 8-26-14
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Statement of Contributions Received

at a Social or Fundraising Event