21 pages

31-E
R.C. 3517.10(B)

Event Date 7-2-14
Page 10

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full
Committee to Elect James W Brown

Full Name of Contributor	Employer/Occupation/Labor Orgai		Registration Number, if PAC			
Elaine Buck						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
1570 Fishinger Rd.			07	02	2014	100.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43220	check			
Full Name of Contributor			Registration Number, if PAC			
Gerrity and Burrier Ltd.						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
400 S. Fifth St. Suite 302			07	02	2014	150.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Joseph & Joseph Co. L.P.A.						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
155 West Main St.			07	02	2014	150.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Jeffery Brown						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
3804 S. High St.			07	02	2014	150.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Blythe Bethel						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
495 S. High St.			07	02	2014	150.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Kerry McCormick						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
4081 Adalric dr			07	02	2014	600.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43219	check			
Full Name of Contributor			Registration Number, if PAC			
Christopher Minnillo						
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount
1500 W. Third Suite 210			07	02	2014	200.00
City	State	Zip Code	Form(Cash,Check			
Columbus	OH	43215	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

Total expenditures this event

Page Total $ 1,500.00