



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		
Madeline M. Lamb					
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
492 South High Street, Suite 200				09/14/2018	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		OH	43215	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
\$3,100.00

Total Expenditures This Event
\$342.00

Page Total \$ 50.00