31-E
R.C. 3517.10(B)

Event Date 7-2-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/08

Name of Committee in Full					
Committee To Elect James W Brown					
Full Name of Contributor Thomas Sexton			Registration Number, if PAC		
Street Address 580 S High St. Suite 130	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check		
Full Name of Contributor Angela Albert Brown			Registration Number, if PAC		
Street Address 536 S. High St.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check		
Full Name of Contributor Judy Brown			Registration Number, if PAC		
Street Address 580 S. High St.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check		
Full Name of Contributor Robert C. Hetterscheidt			Registration Number, if PAC		
Street Address 495 South High St. Suite 250	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check		
Full Name of Contributor Friedman & Mirman Co., L.P.A.			Registration Number, if PAC		
Street Address 502 South Third St. Suite 200	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 1,000.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check		
Full Name of Contributor Tyler Warren			Registration Number, if PAC		
Street Address 3409 River Seine	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43221	Form(Cash,Check) check		
Full Name of Contributor Brian Russell			Registration Number, if PAC		
Street Address 2545 Farmers Suite 180	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43235	Form(Cash,Check) 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 employers 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 $ 2,500.00

Event Date 7-2-14