



**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 Michael E. Sexton			Registration Number, if PAC	
Street Address 984 Highland Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/06/2018	Amount 100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, Etc check	
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/06/2018	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Gary J. Gottfried Co., L.P.A.			Registration Number, if PAC	
Street Address 608 Office Parkway, Suite B	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/06/2018	Amount 750.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, Etc check	
Full Name of Contributor Chris Heckert			Registration Number, if PAC	
Street Address 71 Woodland Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/06/2018	Amount 150.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, Etc check	
Full Name of Contributor Valeriya Kryvokolinska			Registration Number, if PAC	
Street Address 1613 Yeardley Trail	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/06/2018	Amount 150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, Etc 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 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 15,135.00	Total Expenditures This Event 2,846.92	Page Total \$ 1, 300.00
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