



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee to Re-Elect James W. Brown				
Full Name of Contributor John P. Johnson Law Office LLC			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Mark Rhea			Registration Number, if PAC	
Street Address 10516 Torrington Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, Etc check	
Full Name of Contributor Diane M. Town			Registration Number, if PAC	
Street Address 4979 Shady Oak Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, Etc check	
Full Name of Contributor Thomas P. Sexton			Registration Number, if PAC	
Street Address Supreme Court #0051863	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Robert A. Koblentz			Registration Number, if PAC	
Street Address 35 East Livingston Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/19/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43215	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

Total Expenditures This Event

Page Total \$ 650.00