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 Kathi Schear			Registration Number, if PAC				
Street Address 580 S. High St.	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 50.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check				
Full Name of Contributor Jeffery Brown			Registration Number, if PAC				
Street Address 580 S. High St. Suite 200	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 150.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check				
Full Name of Contributor Dustin Blake			Registration Number, if PAC				
Street Address 580 S. High St. Suite 200	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 250.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check				
Full Name of Contributor Robert Bracco			Registration Number, if PAC				
Street Address 3535 Henderson Rd.	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43220	Form(Cash,Check) check				
Full Name of Contributor Daulton & Associates			Registration Number, if PAC				
Street Address 336 S. High St.	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check) check				
Full Name of Contributor Joseph & Joseph Co. L.P.A.			Registration Number, if PAC				
Street Address 155 West Main St.	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43235	Form(Cash,Check) check				
Full Name of Contributor Ditty Financial Forensics LLC			Registration Number, if PAC				
Street Address 88 West Mound St.	Employer/Occupation/Labor Orgar		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	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 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 $ 800.00

31-E
R.C. 3517.10(B)

Event Date 7-29-14

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