



**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 FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43229	Amount \$1,000.00
Form (Cash, Check, Etc check				
Full Name of Contributor Danielle Skestos			Registration Number, if PAC	
Street Address 140 Park Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43209	Amount \$250.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Robert DiCuccio			Registration Number, if PAC	
Street Address 177 South Front Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43215	Amount \$75.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Law Office of Anthony Greco, LPA			Registration Number, if PAC	
Street Address 6810 Caine Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/05/2018
City Columbus		State OH	Zip Code 43235	Amount \$1,500.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Michael Nathan Oser			Registration Number, if PAC	
Street Address 490 City Park		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/16/2018
City Columbus		State OH	Zip Code 43215	Amount \$100.00
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 \$ 2,925.00
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