JON HUSTED
Ohio Secretary of State

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			Registration Number, if PAC	
Eimear M. Bahnson				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2151 West Lane Avenue			02/06/2018	150.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Columus	OH	43221	credit card	
Full Name of Contributor			**Registration Number, if PAC**	
Robert DiCuccio				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
185 South Wall Street, Apt,. 109			02/06/2018	75.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Columbus	OH	43215	credit card	
Full Name of Contributor			**Registration Number, if PAC**	
Lindsay Nelson				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
185 South Wall Street, Apt. 109			02/06/2018	75.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Columbus	OH	43215	credit card	
Full Name of Contributor			**Registration Number, if PAC**	
Lori L. McCaughan				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
1331 Lake Shore Drive			02/06/2018	150.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Columbus	OH	43204	credit card	
Full Name of Contributor			**Registration Number, if PAC**	
Blythe Bethel				
Street Address	**Employer/Occupation/Labor Organization***		**Date (MM/DD/YYYY)**	**Amount**
2180 Lane Woods Drive			02/06/2018	200.00
City	**State**	**Zip Code**	**Form (Cash, Check, Etc**	
Columbus	OH	43221	credit card	

* 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 $
15,135.00	2,846.92	650.00