

Full Name of Contributor Michael and Beckie Bowers			Registration Number, if PAC			
Street Address 2752 Coventry Rd.	Employer/Occupation/Labor Organization*		M 09	D 19	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			

Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

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City	State	Zip Code	Form (Cash, Check, etc.)			

* 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
950.00

Total expenditures this event

Page Total \$ 100.00

31-E
R.C. 3517.10(B)

Event Date 10-3-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/11

Name of Committee or Full Committee to Elect James W Brown	
Full Name of Contributor	Registration Number, if PAC