



**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 Timothy D. Gerrity			Registration Number, if PAC	
Street Address 1001 Meeklynn Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, Etc check	
Full Name of Contributor Eimear M. Bahnson			Registration Number, if PAC	
Street Address 2151 West Lane Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, Etc check	
Full Name of Contributor Eric W. Johnson			Registration Number, if PAC	
Street Address 2114 Brookhurst Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc check	
Full Name of Contributor Bobbie Corley O'Keefe			Registration Number, if PAC	
Street Address 5697 Niagara Reserve	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, Etc check	
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) 06/20/2018	Amount \$100.00
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 \$7,700.00	Total Expenditures This Event \$506.46	Page Total \$ 425.00
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