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 Robert Koblentz			Registration Number, if PAC				
Street Address 35 E. Livingston Ave.	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Heinz Ickert			Registration Number, if PAC				
Street Address 6875 Kilt Ct.	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43085	Form(Cash,Check, check				
Full Name of Contributor Robert Sneadaker III			Registration Number, if PAC				
Street Address 3010 Hayden Road	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43235	Form(Cash,Check, check				
Full Name of Contributor Douglas Dougherty			Registration Number, if PAC				
Street Address 3010 Hayden Road	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 150.00	
City Columbus	State OH	Zip Code 43235	Form(Cash,Check, check				
Full Name of Contributor Charles Jones			Registration Number, if PAC				
Street Address 4417 Zachery Ct.	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43017	Form(Cash,Check, check				
Full Name of Contributor Scott Shaw			Registration Number, if PAC				
Street Address 500 Front St Suite 130	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor MaryEllen Reash			Registration Number, if PAC				
Street Address 7658 Starwick Ct.	Employer/Occupation/Labor Orga		M 07	D 29	Y 14	Amount 50.00	
City Columbus	State OH	Zip Code 43214	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 $ 625.00

31-E
R.C. 3517.10(B)

Event Date 7-29-14

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