



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 Courtney White			Registration Number, if PAC	
Street Address 7160 Ashcroft Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/28/2018	Amount 100.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, Etc credit card	
Full Name of Contributor Robert Hetterscheidt			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/28/2018	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc credit card	
Full Name of Contributor Baker & Wick, LLC			Registration Number, if PAC	
Street Address 400 South 5th Street, Suite 200	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/01/2018	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Collins & Slagle Co., LPA			Registration Number, if PAC	
Street Address 21 East State Street, Suite 2300	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/01/2018	Amount 500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Eugene R. Butler Co., LPA			Registration Number, if PAC	
Street Address 137 East State Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 03/01/2018	Amount 150.00
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
\$6,550.00

Total Expenditures This Event
\$648.79

Page Total \$ 1,000.00