

## Statement of Contributions Received

### at a Social or Fundraising Event

Prescribed by Secretary of State 107

Name of Committee in Full <b>Committee to Elect James W Brown</b>					
Full Name of Contributor <b>Bill Hendrick</b>				Registration Number, if PAC	
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Orga		M   D   Y	Amount
City Columbus		State OH	Zip Code 43215	10   23   2014	25.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Higgins and Associates</b>					
Street Address 4889 Sinclair Rd. Suite 102				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43229	M   D   Y	Amount
				10   23   2014	100.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Jeannie Hummer</b>					
Street Address 1795 Edgemont Rd.				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43212	M   D   Y	Amount
				10   23   2014	50.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Jo E Kaiser</b>					
Street Address 389 Library Rd.				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43215	M   D   Y	Amount
				10   23   2014	25.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Phillip Kaufman</b>					
Street Address 492 S. High St. Suite 200				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43215	M   D   Y	Amount
				10   23   2014	200.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Randy Kurek</b>					
Street Address 5458 Albany Rdg				Registration Number, if PAC	
City New Albany		State OH	Zip Code 43054	M   D   Y	Amount
				10   23   2014	200.00
Form(Cash,Check, etc) check					
Full Name of Contributor <b>Lorelei Lanier</b>					
Street Address 2041 Riverside Dr. Suite 101				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43206	M   D   Y	Amount
				10   23   2014	100.00
Form(Cash,Check, etc) check					

\* Required for contributions from individuals over \$100 in 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 \$ 700.00