31-E
R.C. 3517.10(B)

Event Date 7-2-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/07

Name of Committee in Full				
Committee to Elect James W Brown				
Full Name of Contributor Barry H. Wolientz			Registration Number, if PAC	
Street Address 250 Civic Center dr. Suite 220	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 600.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check	
Full Name of Contributor Issac, Wiles, Burkholder & Teetot, LLC			Registration Number, if PAC	
Street Address 2 Miranova Place	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 1,000.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check	
Full Name of Contributor Edward Whipps			Registration Number, if PAC	
Street Address 51 Highland Crt	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00
City Pataskla	State OH	Zip Code 43206	Form(Cash,Check, check	
Full Name of Contributor Katherine Gramilla			Registration Number, if PAC	
Street Address 4521 Kipling Rd.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00
City Columbus	State OH	Zip Code 43220	Form(Cash,Check, check	
Full Name of Contributor Robert Behal			Registration Number, if PAC	
Street Address 501 South High St.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 300.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check	
Full Name of Contributor John Johnson			Registration Number, if PAC	
Street Address 501 South High St.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check	
Full Name of Contributor Thomas and Denise Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00
City Columbus	State OH	Zip Code 43204	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 employers 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 $ 2,900.00