

Event Date	7-2-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3407

Name of Committee in Full Committee to Elect James W Brown					
Full Name of Contributor Jeffery Grossman			Registration Number, if PAC		
Street Address 2696 Fair Ave.	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check, check)		
Full Name of Contributor Andrew Grossman			Registration Number, if PAC		
Street Address 32 W. Hoster St.	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	500.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check)		
Full Name of Contributor Anthonyand Carol Auten			Registration Number, if PAC		
Street Address 5761 Travis Ct.	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Westerville	State OH	Zip Code 43082	Form(Cash,Check, check)		
Full Name of Contributor Friedman & Mirman Co., L.P.A			Registration Number, if PAC		
Street Address 502 S. Third St	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check)		
Full Name of Contributor Robert Washburn			Registration Number, if PAC		
Street Address 225 East Broad St.	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check)		
Full Name of Contributor Heather Sowald			Registration Number, if PAC		
Street Address 210 Academy Court	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Gahanna	State OH	Zip Code 43209	Form(Cash,Check, check)		
Full Name of Contributor Janet Grub			Registration Number, if PAC		
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Orga	M	D	Y	Amount
		07	02	2014	250.00
City Columbus	State OH	Zip Code 43230	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)-(3))

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 \$ 2,000.00