Prescribed by Secretary of State 3/08

| Name of Committee in Full | | | | | | |
|---|---|---|---|---|---|---|
| Committee to Elect James W Brown | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Mark Collins | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 492 S. High 3rd floor | | | 08 | 26 | 14 | 100.00 |
| City | State | Zip Code | Form(Cash,Check, | | | |
| Columbus | OH | 43215 | cash | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Norman Anderson | | | | | | |
| Street Address | Employer/Occupation/Labor Orgai | | M | D | Y | Amount |
| 295 Stewart Ave. | | | 08 | 26 | 14 | 50.00 |
| City | State | Zip Code | Form(Cash,Check, | | | |
| Columbus | OH | 43205 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Sean Boyle | | | | | | |
| Street Address | Employer/Occupation/Labor Orgai | | M | D | Y | Amount |
| 336 South High St. | | | 08 | 26 | 14 | 100.00 |
| City | State | Zip Code | Form(Cash,Check, | | | |
| Columbus | OH | 43215 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Michael Deligatti | | | | | | |
| Street Address | Employer/Occupation/Labor Orgai | | M | D | Y | Amount |
| 500 S. High St. Suite 1150 | | | 08 | 26 | 14 | 100.00 |
| City | State | Zip Code | Form(Cash,Check, | | | |
| Columbus | OH | 43214 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Gerrity and Burrier, Ltd. | | | | | | |
| Street Address | Employer/Occupation/Labor Orgai | | M | D | Y | Amount |
| 400 S. Fifth St. Suite 302 | | | 08 | 26 | 14 | 75.00 |
| City | State | Zip Code | Form(Cash,Check, | | | |
| Columbus | OH | 43215 | check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | |
| | | | | | | |

* 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 $ |
|---|---|---|
| 1,920.00 | | 425.00 |

31-E
R.C. 3517.10(B)

Event Date 9-16-14
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# Statement of Contributions Received

# at a Social or Fundraising Event

Prescribed by Secretary of State 3/09