31-E
R.C. 3517.10(B)

Event Date 7-2-14
Page 11

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/06

Name of Committee in Full					
Committee to Elect James W. Brown					
Full Name of Contributor A. Dace and Alyson B. DeLaforet			Registration Number, if PAC		
Street Address 767 North 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 Babbit & Weis LLP			Registration Number, if PAC		
Street Address 503 S. Front St. Suite 200	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 Johrendt & Holford			Registration Number, if PAC		
Street Address 250 E. Broad SSt Suite 200	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 Joel Campbell			Registration Number, if PAC		
Street Address 575 South Third 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 Melody Steely			Registration Number, if PAC		
Street Address 151 W. Franklin St.	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Circleville	State OH	Zip Code 43113	Form(Cash,Check) check		
Full Name of Contributor Diane Town			Registration Number, if PAC		
Street Address 3898 Cypress Creek	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 300.00	
City Columbus	State OH	Zip Code 43228	Form(Cash,Check) check		
Full Name of Contributor R. Chris Harbold & Associates at Law			Registration Number, if PAC		
Street Address 500 S. Front St. Suite 1140	Employer/Occupation/Labor Orga		M D Y 07 02 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43215	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)(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 $ 1,800.00