



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Committee to Re-Elect James W. Brown				
Full Name of Contributor Elizabeth Zuercher			Registration Number, if PAC	
Street Address 490 City Park Avenue, Suite D		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/21/2018
City Columbus		State OH	Zip Code 43215	Amount \$75.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Stanley Dritz			Registration Number, if PAC	
Street Address 400 South 5th Street, Suite 303		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/21/2018
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Plaskolite, LLC			Registration Number, if PAC	
Street Address 400 West Nationwide Boulevard, Suite 400		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/21/2018
City Columbus		State OH	Zip Code 43215	Amount \$1,000.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Donald E. Morris			Registration Number, if PAC	
Street Address 3859 Equestrian Court		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/27/2018
City Columbus		State OH	Zip Code 43221	Amount \$75.00
Form (Cash, Check, Etc check				
Full Name of Contributor Deborah L. Williams			Registration Number, if PAC	
Street Address 2299 Dorset Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/27/2018
City Columbus		State OH	Zip Code 43221	Amount \$100.00
Form (Cash, Check, Etc 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 also 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 \$7,700.00	Total Expenditures This Event \$506.46	Page Total \$1,350.00
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