

Event Date	1-29-15
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 302

Name of Committee in Full Committee to Elect James W Brown							
Full Name of Contributor Kemp Schaffer & Rowe Co					Registration Number, if PAC		
Street Address 88 West Mound ST		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
City Columbus		State OH	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Roger Koeck					Registration Number, if PAC		
Street Address 6257 Emberwood Rd.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	50.00
City Dublin		State OH	Zip Code 43017	Form(Cash, Check, etc) check			
Full Name of Contributor Kuhn Limited					Registration Number, if PAC		
Street Address 1380 W. Third		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	100.00
City Columbus		State OH	Zip Code 43212	Form(Cash, Check, etc) check			
Full Name of Contributor Price Law Firm					Registration Number, if PAC		
Street Address 555 City Park Ave.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
City Columbus		State OH	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Janie Roberts					Registration Number, if PAC		
Street Address 350 S. High St. Ste. 200		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	100.00
City Columbus		State OH	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Mark Sabath					Registration Number, if PAC		
Street Address 7121 Forest Run Crt.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
City Dublin		State OH	Zip Code 43017	Form(Cash, Check, etc) check			
Full Name of Contributor Suzanne Sabol					Registration Number, if PAC		
Street Address 15 E. Kossuth St.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
City Columbus		State OH	Zip Code 43206	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 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

\$	4,650.00
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Total expenditures this event

\$	1,023.80
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Page Total \$ 1,050.00