Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3888 Chiselhurst Pl.			10	03	14	100.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43220	check			
Full Name of Contributor			Registration Number, if PAC			
Thomas Martin						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
6397 Headley Road			10	03	14	100.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43220	check			
Full Name of Contributor			Registration Number, if PAC			
Nicole Hosopple						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
2820 Halstead Rd.			10	03	14	250.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43221	check			
Full Name of Contributor			Registration Number, if PAC			
Suzanne Adams						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
971 Grandon Ave.			10	03	14	100.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43209	check			
Full Name of Contributor			Registration Number, if PAC			
Abe Behgat						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
338 S High St.			10	03	14	100.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Mary Anne Nyesle						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
1169 Airendel Lane			10	03	14	40.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43220	cash			
Full Name of Contributor			Registration Number, if PAC			
Susan Murray						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
1332 Castleton Rd.			10	03	14	100.00
City	State	Zip Code	Form(Cash,Check)			
Columbus	OH	43220	check			

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contribution 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 $ 790.00

31-E
R.C. 3517.10(B)

Event Date 10-3-14
Page 29

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/12

Name of Committee in Full					
Committee to Elect James W Brown					
Full Name of Contributor			Registration Number, if PAC		
Robert Dicuccio					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount