31-E
R.C. 3517.10(B)

Event Date 10-17-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/07

Name of Committee in Full					
Committee to Elect James W Brown					
Full Name of Contributor James Stempien			Registration Number, if PAC		
Street Address 1300 Pinnacle Dr.	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 100.00	
City Columbus	State OH	Zip Code 43201	Form(Cash,Check, check		
Full Name of Contributor Swope and Swope			Registration Number, if PAC		
Street Address 6480 E. Main St Suite 102	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 250.00	
City Columbus	State OH	Zip Code 43068	Form(Cash,Check, check		
Full Name of Contributor The Sharp Law Firm			Registration Number, if PAC		
Street Address 133 E. Livingston Ave.	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 150.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Anchell Waks			Registration Number, if PAC		
Street Address 1064 Harvest Ridge Ct	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 50.00	
City Columbus	State OH	Zip Code 43230	Form(Cash,Check, check		
Full Name of Contributor Kristie Williams			Registration Number, if PAC		
Street Address 1100 Oxfordshire Dr	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 75.00	
City Columbus	State OH	Zip Code 43228	Form(Cash,Check, check		
Full Name of Contributor Wonell and Wonell			Registration Number, if PAC		
Street Address 336 S High St.	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 25.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Don Roberts			Registration Number, if PAC		
Street Address 2027 Tuckaway Ct.	Employer/Occupation/Labor Orga		M D Y 10 17 2014	Amount 30.00	
City Columbus	State OH	Zip Code 43228	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
2,105.00

Total expenditures this event

Page Total $ 680.00