

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			Registration Number, if PAC	
Courtney A. Zollars				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1951 Friston Boulevard			04/11/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Hilliard	OH	43026	Check	
Full Name of Contributor			Registration Number, if PAC	
Christine Snyder				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3843 Pine Siskin Drive			04/11/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Gahanna	OH	43230	Check	
Full Name of Contributor			Registration Number, if PAC	
Bergman & Yiangou				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3099 Sullivant Avenue			04/11/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43204	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark A. Serrott				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
789 Northwest Boulevard			04/11/2018	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Gregg Lewis				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
625 City Park Avenue			04/11/2018	75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43206	Check	