

at a Social or Fundraising Event

Prescribed by Secretary of State 3407

Name of Committee in Full Committee to Elect James W Brown					
Full Name of Contributor Eric Johnson				Registration Number, if PAC	
Street Address 2114 Brookhurst Ave.	Employer/Occupation/Labor Organization		M 07	D 29	Y 14
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) check		Amount 75.00
Full Name of Contributor Eugene Lewis				Registration Number, if PAC	
Street Address 206 S. Parkview Ave.	Employer/Occupation/Labor Organization		M 07	D 29	Y 14
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 300.00
Full Name of Contributor Carol Fey				Registration Number, if PAC	
Street Address PO Box 1924	Employer/Occupation/Labor Organization		M 08	D 08	Y 14
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 150.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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

3,050.00

Total expenditures this event

Page Total \$ 525.00

31-E

R.C. 3517.10(B)

Event Date 8-19-40

Page 20

Statement of Contributions Received