



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 CPM Law PAC			Registration Number, if PAC OH1505		
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/05/2018	Amount 150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Kathi Schear			Registration Number, if PAC		
Street Address 556 Overbrook Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/05/2018	Amount 100.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, Etc check	
Full Name of Contributor Marty Anderson			Registration Number, if PAC		
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/05/2018	Amount 300.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, Etc check	
Full Name of Contributor Wolinetz Law Offices LLC			Registration Number, if PAC		
Street Address 250 Civic Center, Suite 220		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/21/2018	Amount 150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Colleen H. Briscoe, LPA, Attorney at Law			Registration Number, if PAC		
Street Address 260 Market Street, Suite F		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 02/21/2018	Amount 250.00
City New Albany		State OH	Zip Code 43054	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 also 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  
15,135.00

Total Expenditures This Event  
2,846.92

Page Total \$ 950.00