



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 The Isaac Wiles Political Action Committee (Isaac Wiles Burkholder &Teetor)			Registration Number, if PAC CP-1058	
Street Address 2 Miranova Place, Suite 700		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/07/2018
City Columbus		State OH	Zip Code 43215	Amount \$500.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Taft Stettinius & Hollister Better Government Fund			Registration Number, if PAC OH1146	
Street Address 425 Walnut Street, Suite 1800		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/07/2018
City Cincinnati		State OH	Zip Code 45202	Amount \$500.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Christopher Heckert and Associates			Registration Number, if PAC	
Street Address 71 Woodland Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43203	Amount \$150.00
Form (Cash, Check, Etc Credit Card				
Full Name of Contributor The Sharp Law Firm, LLC			Registration Number, if PAC	
Street Address 501 South High Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Robert A. Bracco			Registration Number, if PAC	
Street Address 3535 Henderson Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43220	Amount \$100.00
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

Total Expenditures This Event

Page Total \$ 1,350.00