



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 Elizabeth V. Westfall LLC			Registration Number, if PAC		
Street Address 150 East Mount Street, Suite 206		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018	Amount \$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc Check	
Full Name of Contributor Michael J. Delligatti			Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1150		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018	Amount \$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc Check	
Full Name of Contributor Dmitriy Borshchak			Registration Number, if PAC		
Street Address 414 West 1st Avenue		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018	Amount \$100.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, Etc Check	
Full Name of Contributor Law Offices of Delilah Nunez, LLC			Registration Number, if PAC		
Street Address 1170 Old Henderson Road, Suite 116		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, Etc Check	
Full Name of Contributor Reash Law Offices			Registration Number, if PAC		
Street Address 1170 Old Henderson Road, Suite 118		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018	Amount \$100.00
City Columbus		State OH	Zip Code 43220	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 \$ 700.00
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