

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	
Kimberly Phillips Bowen				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1902 Hannah Farms Court			02/06/2018	100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Blacklick	OH	43004	check	
Full Name of Contributor			Registration Number, if PAC	
Eugene F. Battisti, Jr.				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
765 South High Street			02/06/2018	250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43206	check	
Full Name of Contributor			Registration Number, if PAC	
Michael J. Delligatti				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
500 South Front Street, Suite 1150			02/06/2018	150.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43215	check	
Full Name of Contributor			Registration Number, if PAC	
James J. Pardi, II				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
500 South Front Street, Suite 1150			02/06/2018	150.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Julie A. Vandemark				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
492 City Park Avenue			02/06/2018	150.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43215	check	