31-E
R.C. 3517.10(B)

Event Date 10-23-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/08

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor			Registration Number, if PAC				
Jhauna Marie							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
2960 Wicklow Rd.			10	23	14	25.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43204	check				
Full Name of Contributor			Registration Number, if PAC				
James Pardi II							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
500 S. High St. Ste 1150			10	23	14	150.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43206	check				
Full Name of Contributor			Registration Number, if PAC				
Richard Pfeiffer Jr							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
236 E. Royal Forest Blvd.			10	23	14	100.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43214	check				
Full Name of Contributor			Registration Number, if PAC				
Harvey Samuels							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
500 S. Front St Suite1150			10	23	14	300.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Thomas Sexton							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
Supreme Ct #0051863			10	23	14	100.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Nancy Wonnell							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
336 S. High St.			10	23	14	50.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Bradley Frick and Associates							
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount	
1265 Neil Ave			10	23	2014	100.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43201	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 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: 3,500.00

Total expenditures this event:

Page Total $ 825.00