



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 Gary S. Wellbaum			Registration Number, if PAC	
Street Address P.O. Box 163486		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43216	Amount \$100.00
Form (Cash, Check, Etc check				
Full Name of Contributor Margaret Blackmore			Registration Number, if PAC	
Street Address 580 South High Street, Suite 120		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Kristy Swope			Registration Number, if PAC	
Street Address 6480 East Main Street, Suite 102		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Reynoldsburg		State OH	Zip Code 43068	Amount \$250.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Donald Cox			Registration Number, if PAC	
Street Address 1507 Hiner Road		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Orient		State OH	Zip Code 43146	Amount \$200.00
Form (Cash, Check, Etc credit card				
Full Name of Contributor Kristie A. C. Williams			Registration Number, if PAC	
Street Address 1100 Oxfordshire Drive		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018
City Columbus		State OH	Zip Code 43228	Amount \$150.00
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 \$ 800.00