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 Joseph & Joseph			Registration Number, if PAC				
Street Address 155 West Main St.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Rebecca Stumler			Registration Number, if PAC				
Street Address 130 East Chestnut St.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Judy Brown			Registration Number, if PAC				
Street Address 2491 Brixton Rd.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 150.00	
City Columbus	State OH	Zip Code 43221	Form(Cash,Check, check				
Full Name of Contributor DeSanto and McNichols Attorney at Law			Registration Number, if PAC				
Street Address 887 S. High St.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 200.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, 43215				
Full Name of Contributor Kenneth Kline			Registration Number, if PAC				
Street Address 973 N 6th St.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43201	Form(Cash,Check, check				
Full Name of Contributor LeeAnn Massucci			Registration Number, if PAC				
Street Address 2509 Canterbury Rd.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43221	Form(Cash,Check, check				
Full Name of Contributor Elmear Bahnson			Registration Number, if PAC				
Street Address 2151 W.Lane Ave.	Employer/Occupation/Labor Orgai		M 08	D 19	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43221	Form(Cash,Check, 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: 850.00

Total expenditures this event:

Page Total $ 850.00

31-E
R.C. 3517.10(B)

Event Date: 8-26-14
Page: 21

Statement of Contributions Received

at a Social or Fundraising Event