at a Social or Fundraising Event

Prescribed by Secretary of State 3/09

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor Kemp, Schaffer & Rowe Co., LPA			Registration Number, if PAC				
Street Address 88 West Mound St.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Mary Beth Fisher Kelleher			Registration Number, if PAC				
Street Address 3636 North High St.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 100.00	
City Columbus	State OH	Zip Code 43214	Form(Cash,Check, check				
Full Name of Contributor Suzanne Sabol			Registration Number, if PAC				
Street Address 15 E. Kossuth St.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 150.00	
City Columbus	State OH	Zip Code 43206	Form(Cash,Check, check				
Full Name of Contributor Robert Burman			Registration Number, if PAC				
Street Address 601 S. High St.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 450.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Babit & Weis LLP			Registration Number, if PAC				
Street Address 503 S. Front St. Suite 200	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 150.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check				
Full Name of Contributor Laura Peterman			Registration Number, if PAC				
Street Address 239 Baker Lake Dr.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43081	Form(Cash,Check, check				
Full Name of Contributor Richard Frye			Registration Number, if PAC				
Street Address 1669 Roxbury Rd.	Employer/Occupation/Labor Orgai		M 07	D 29	Y 14	Amount 75.00	
City Columbus	State OH	Zip Code 43212	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

Total expenditures this event

Page Total $ 1,100.00

31-E
R.C. 3517.10(B)

Event Date 7-29-14

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Statement of Contributions Received