



**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 Ronald L. Solove			Registration Number, if PAC	
Street Address 34 East Gates Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc check	
Full Name of Contributor Jay Sanford			Registration Number, if PAC	
Street Address 3937 Olentangy River Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, Etc check	
Full Name of Contributor Ryan M. Scott			Registration Number, if PAC	
Street Address 115 West Main Street, Suite LL50	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc check	
Full Name of Contributor Jennifer C. Goldson			Registration Number, if PAC	
Street Address 91 South Merkle Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, Etc check	
Full Name of Contributor Christine Strehl			Registration Number, if PAC	
Street Address 2764 Westmont Boulevard	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/03/2018	Amount \$250.00
City Columbus	State OH	Zip Code 43221	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 \$ 850.00
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