



Statement of Contributions Received
at a Social or Fund-Raising Event
Form 31-E
R.C. 3517.10(B)

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|--|---|-------------------|---------------------------------------|------------------|
| Full Name of Committee Committee to Re-Elect James W. Brown | | | | |
| Full Name of Contributor Marco J. Miller | | | Registration Number, if PAC | |
| Street Address 5990 East Livingston Avenue | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/06/2018 | Amount 100.00 |
| City Columbus | State OH | Zip Code 43232 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Diane Town | | | Registration Number, if PAC | |
| Street Address 4979 Shady Oak Drive | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/06/2018 | Amount 100.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Joseph D. Wiford | | | Registration Number, if PAC | |
| Street Address 2946 Mark Andrew Drive | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/06/2018 | Amount 150.00 |
| City Dublin | State OH | Zip Code 43017 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Holly Brown | | | Registration Number, if PAC | |
| Street Address 4190 Kendale Road | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/09/2018 | Amount 10.00 |
| City Columbus | State OH | Zip Code 43220 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Danielle Marie Carter | | | Registration Number, if PAC | |
| Street Address 1147 East Deshler Avenue | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount 250.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, Etc credit card | |

* 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
15,135.00

Total Expenditures This Event
2,846.92

Page Total \$ 610.00