



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			Registration Number, if PAC	
Jamie Niesen				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2176 Zollinger Rod			08/21/2018	\$100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43221	credit card	
Full Name of Contributor			Registration Number, if PAC	
Lisa Meier				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2039 Coleman Drive			08/21/2018	\$50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43235	credit card	
Full Name of Contributor			Registration Number, if PAC	
Sherry Massucci				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3564 Silverado Drive			08/22/2018	\$75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43228	check	
Full Name of Contributor			Registration Number, if PAC	
Richard A. Piatt				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
713 South Front Street			08/22/2018	\$250.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43206	check	
Full Name of Contributor			Registration Number, if PAC	
Mary Beth Fisher				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3636 North High Street			08/22/2018	\$75.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	OH	43214	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 \$ 550.00
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