31-E
R.C. 3517.10(B)

Event Date 10-17-14
Page 1

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Elect James W Brown					
Full Name of Contributor Abe Bahgat			Registration Number, if PAC		
Street Address 338 S High St.	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Mark Collins			Registration Number, if PAC		
Street Address 492 S. High St.	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 50.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Gerrity And Burrier			Registration Number, if PAC		
Street Address 400 S. High St.	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Connie Hall			Registration Number, if PAC		
Street Address 3738 Broadway	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 100.00	
City Grovecity	State OH	Zip Code 43213	Form(Cash,Check, check		
Full Name of Contributor Eric Huffman			Registration Number, if PAC		
Street Address 338 s. High St	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 100.00	
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check		
Full Name of Contributor Rhonda Jones			Registration Number, if PAC		
Street Address 4417 Zachary Ct.	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 100.00	
City Dublin	State OH	Zip Code 43017	Form(Cash,Check, check		
Full Name of Contributor Jo E Kaiser			Registration Number, if PAC		
Street Address 389 Library Park Ct	Employer/Occupation/Labor Orgai		M D Y 10 17 2014	Amount 25.00	
City Columbus	State OH	Zip Code 43215	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 $ 575.00