Committee to Elect James W Brown

Full Name of Contributor	Employer/Occupation/Labor Organization*		Registration Number, if PAC			
Angela Albert Brown						
Street Address			M	D	Y	Amount
536 S. High St.			09	19	14	200.00
City	State	Zip Code	Form(Cash,Check,			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
David Emery						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
2745 Montchateu Dr.			09	19	14	100.00
City	State	Zip Code	Form(Cash,Check,			
Cincinnati	OH	45244	check			
Full Name of Contributor			Registration Number, if PAC			
Toni Allen						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
4020 Kioka Ave.			09	19	14	100.00
City	State	Zip Code	Form(Cash,Check,			
Columbus	OH	43220	check			
Full Name of Contributor			Registration Number, if PAC			
Boller & Petty LLC						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
666 High St. Ste. 200B			09	19	14	100.00
City	State	Zip Code	Form(Cash,Check,			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Julia Leveridge						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
333 Sycamore St.			09	19	14	100.00
City	State	Zip Code	Form(Cash,Check,			
Columbus	OH	43206	check			
Full Name of Contributor			Registration Number, if PAC			
Riddell & Aimar LLC,						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
184 W Johnstown Rd.			09	19	14	150.00
City	State	Zip Code	Form(Cash,Check,			
Columbus	OH	43230	check			
Full Name of Contributor			Registration Number, if PAC			
Scott Hickey						
Street Address	Employer/Occupation/Labor Orga		M	D	Y	Amount
333 Sycamore St.			09	19	14	100.00
City	State	Zip Code	Form(Cash,Check,			
Columbus	OH	43206	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 $ 850.00

31-E
R.C. 3517.10(B)

Event Date 9-19-14

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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/10

Name of Committee in Full

Committee to Elect James W Brown