Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor			Registration Number, if PAC				
Mowery Youell & Galeano, Ltd							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
425 Metro Place North			09	26	14	1,000.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43017	check				
Full Name of Contributor			Registration Number, if PAC				
Legal Alternatives							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
137 E. State Street			09	26	14	250.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Craig Treneff							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
155 Commerce Park Dr.			09	26	14	350.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43082	check				
Full Name of Contributor			Registration Number, if PAC				
Amy Weis							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
632 S. Fifth St.			09	26	14	125.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43206	check				
Full Name of Contributor			Registration Number, if PAC				
Robert Koblentz							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
35 E. Livingston Ave.			09	26	14	125.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Carlile Patchen & Murphy							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
366 East Broad St.			09	16	14	150.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Robert Behal							
Street Address	Employer/Occupation/Labor Orgar		M	D	Y	Amount	
501 S. High St.			09	16	14	200.00	
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	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: 2,200.00

Total expenditures this event:

Page Total $ 2,200.00

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 3/09

Name of Committee in Full