



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 Joel R. Campbell			Registration Number, if PAC	
Street Address 575 South 3rd Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Robert N. Burman			Registration Number, if PAC	
Street Address 580 South High Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43215	Amount \$200.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Bonnie Burman			Registration Number, if PAC	
Street Address 580 South High Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43215	Amount \$200.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Einstein Law, LLC			Registration Number, if PAC	
Street Address 615 Copeland Mill Drive, Suite 1H		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Westerville		State OH	Zip Code 43081	Amount \$150.00
Form (Cash, Check, Etc Check				
Full Name of Contributor Kemp, Schaeffer & Rowe Co., LPA			Registration Number, if PAC	
Street Address 88 West Mound Street		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2018
City Columbus		State OH	Zip Code 43215	Amount \$300.00
Form (Cash, Check, Etc 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 \$ 1,000.00