Prescribed by Secretary of State 3/08

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor			Registration Number, if PAC				
Craig Stires							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
258 Canyon Dr.			08	26	14		250.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43214	check				
Full Name of Contributor			Registration Number, if PAC				
Garry and Jan Koch							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
4342 Lyon Dr.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43220	check				
Full Name of Contributor			Registration Number, if PAC				
Jeanie Hummer							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
1795 Edgemont Rd.			08	26	14		50.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43212	check				
Full Name of Contributor			Registration Number, if PAC				
Douglas Knisley							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
1390 Dublin Rd.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Mularski Bonham Dittmer & Phillips							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
107 W Johnston Rd.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Bart Adams							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
971 Grandon Ave.			08	26	14		100.00
City	State	Zip Code	Form(Cash,Check,				
Bexley	OH	43209	check				
Full Name of Contributor			Registration Number, if PAC				
Velda Monk							
Street Address	Employer/Occupation/Labor Orgai		M	D	Y	Amount	
4489 state Route 316E			08	26	14		75.00
City	State	Zip Code	Form(Cash,Check,				
Columbus	OH	43130	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 $ 775.00

31-E
R.C. 3517.10(B)

Event Date 8-26-14
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Statement of Contributions Received

at a Social or Fundraising Event