

Total Contributions This Event

15,135.00

16

Statement of Contributions Received at a Social or Fund-Raising Event

Page Total \$____

Form 31-E

E-WAI					K.C. 3517.10(B
Full Name of Committee	_				
Committee to Re-Elect James W.	. Brown				
Full Name of Contributor				Registration Number, if PAC	
Buck & Fish					
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3380 Tremont Road				02/22/2018	150.00
City	•	State	Zip Code	Form (Cash, Check, Etc	
Columbus	1	ОН	43221	check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
Cib.		<u></u>	7:- Oods	5 (Ot- Ot- 5)	
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	r/Occupa	ntion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individua name of the individual's business, if any, r aggregate of \$100, the labor organization	ather than employer sho	ould be li	isted. If two or more emple	oyees contribute via payroll dedu	

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 Expenditures This Event

2,846.92