



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 Jeffrey A. Brown			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 200.00
City Columbus	State OH	Zip Code 43215	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) 04/11/2018	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Karen Poling Law, LLC			Registration Number, if PAC	
Street Address 5354 Cemetery Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, Etc) Check	
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joel R. Campbell			Registration Number, if PAC	
Street Address 575 South Third Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Columbus	State OH	Zip Code 43215	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
\$4,975.00

Total Expenditures This Event
\$275.25

Page Total \$ 600.00