



**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 Eric W. Johnson			Registration Number, if PAC	
Street Address 2114 Brookhurst Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) Check	
Full Name of Contributor Connie L. Hall LLC			Registration Number, if PAC	
Street Address 3783 Broadway	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, Etc) Check	
Full Name of Contributor William H. Woods			Registration Number, if PAC	
Street Address 357 Pinney Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Check	
Full Name of Contributor Katherine A. Lias			Registration Number, if PAC	
Street Address 2811 Lane Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Roxanne Martin			Registration Number, if PAC	
Street Address 1213 Sanctuary Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 04/11/2018	Amount 250.00
City Columbus	State OH	Zip Code 43230	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 \$ 700.00
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