

Event Date	1-29-15
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect James W Brown							
Full Name of Contributor Friedman & Mirman Co., LPA					Registration Number, if PAC		
Street Address 502 South Third St		Employer/Occupation/Labor Organization		M	D	Y	Amount
				02	10	15	200.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Gerrity and Burrier, Ltd					Registration Number, if PAC		
Street Address 400 South Fifth St, Suite 302		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Gary Gottfried					Registration Number, if PAC		
Street Address 608 Office Parkway Suite B		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
City Westerville		State OH	Zip Code 43082	Form(Cash,Check,etc) check			
Full Name of Contributor Grossman Law Offices					Registration Number, if PAC		
Street Address 32 W. Hoster St.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	500.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Eric W. Johnson					Registration Number, if PAC		
Street Address 2114 Brookhurst Ave.		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	10	15	100.00
City Columbus		State OH	Zip Code 43229	Form(Cash,Check,etc) check			
Full Name of Contributor John Johnson					Registration Number, if PAC		
Street Address 501 S. High St		Employer/Occupation/Labor Organization		M	D	Y	Amount
				02	10		100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Kemp Schaffer & Rowe Co					Registration Number, if PAC		
Street Address 88 West Mound ST		Employer/Occupation/Labor Organization		M	D	Y	Amount
				01	30	15	200.00
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 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

\$	4,630.00
----	----------

Total expenditures this event

\$	1,023.80
----	----------

Page Total \$ 1,400.00