



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 Douglas B. Dougherty, Esq. | | | Registration Number, if PAC | | |
| Street Address 3010 Hayden Road | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2018 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43235 | Form (Cash, Check, Etc check | |
| Full Name of Contributor Carol Amos | | | Registration Number, if PAC | | |
| Street Address 1305 La Rochelle Drive | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2018 | Amount \$50.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Brisco Law Offices | | | Registration Number, if PAC | | |
| Street Address 260 Market Street, Suite F | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/20/2018 | Amount \$150.00 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, Etc credit card | |
| Full Name of Contributor Mark Murphy | | | Registration Number, if PAC | | |
| Street Address 1610 Ardwick Road | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/21/2018 | Amount \$200.00 |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, Etc credit card | |
| 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 | |

* 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
\$1,150.00

Total Expenditures This Event
\$37.50

Page Total \$ 500.00