



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Committee to Re-Elect James W. Brown				
Full Name of Contributor Massucci Law Group LLC			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Hageman Law Offices, LLC			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) check	
Full Name of Contributor Britani Lee Galloway			Registration Number, if PAC	
Street Address 6853 Falling Meadows Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, Etc) check	
Full Name of Contributor Amanda C. Baker			Registration Number, if PAC	
Street Address 1551 Doone Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, Etc) check	
Full Name of Contributor Laura Adkins Helmbrecht			Registration Number, if PAC	
Street Address 502 South 3rd Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/20/2018	Amount \$75.00
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  
**\$7,700.00**

Total Expenditures This Event  
**\$506.46**

Page Total \$ **1,300.00**