

Event Date	1-29-15
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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 Ryan Scott				Registration Number, if PAC		
Street Address 115 W. Main ST. Suite LL50		Employer/Occupation/Labor Organization		M	D	Y
				01	30	15
				Amount		100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name of Contributor Thomas Sexton				Registration Number, if PAC		
Street Address Supreme Ct. #0051863		Employer/Occupation/Labor Organization		M	D	Y
				01	30	15
				Amount		200.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name of Contributor Christine Strehl				Registration Number, if PAC		
Street Address 147 Fairlawn Dr.		Employer/Occupation/Labor Organization		M	D	Y
				01	30	15
				Amount		300.00
City Columbus		State OH	Zip Code 43214	Form(Cash,Check,etc) check		
Full Name of Contributor Amy Weis				Registration Number, if PAC		
Street Address 632 S. Fifth ST.		Employer/Occupation/Labor Organization		M	D	Y
				01	30	15
				Amount		200.00
City Columbus		State OH	Zip Code 43206	Form(Cash,Check,etc) check		
Full Name of Contributor Rosemarie Welch				Registration Number, if PAC		
Street Address PO Box 322		Employer/Occupation/Labor Organization		M	D	Y
				02	10	15
				Amount		200.00
City Lewis Center		State OH	Zip Code 43035	Form(Cash,Check,etc) check		
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization		M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization		M	D	Y
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, other 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

\$	4,650.00
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Total expenditures this event

\$	1,023.80
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Page Total \$	1,000.00
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