E. Dibela						
Street Address 605 N High St.	Employer/Occupation/Labor Organization*		M 10	D 03	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check, check			
Full Name of Contributor Carol Amos			Registration Number, if PAC			
Street Address 1305 La Rochelle	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form(Cash,Check, check			
Full Name of Contributor Jay Moreland			Registration Number, if PAC			
Street Address 613 Mohawk St.	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check, check			
Full Name of Contributor Randy Hall			Registration Number, if PAC			
Street Address 1531 Sandringham Ct.	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 20.00
City Columbus	State OH	Zip Code 43220	Form(Cash,Check, cash			
Full Name of Contributor Dana Lavella			Registration Number, if PAC			
Street Address 12190 Taylor Station Rd	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 250.00
City Plain City	State OH	Zip Code 43064	Form(Cash,Check, check			
Full Name of Contributor Judy Brown			Registration Number, if PAC			
Street Address 2491 Brixton Rd.	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43221	Form(Cash,Check, check			
Full Name of Contributor Matthew Muzic			Registration Number, if PAC			
Street Address 12400 Painsville Warren rd.	Employer/Occupation/Labor Orgai		M 10	D 03	Y 14	Amount 20.00
City Painesville	State OH	Zip Code 44077	Form(Cash,Check, 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

Total expenditures this event

Page Total $ 540.00

31-E
R.C. 3517.10(B)

Event Date 10-3-14
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/11

Name of Committee in Full	
Committee to Elect James W Brown	
Full Name of Contributor	Registration Number, if PAC
H. Burt Williams	