Event Date	9/26/13
Page	46

Statement of Contributions Received at a Social or Fundraising Event

State H	Zip Code 43017 stion Labor Organization* Zip Code 43202	Registration Number, if PAC M D Y Amount 1 0 0 2 1 3 Form(Cash, Check, etc) Cash Registration Number, if PAC M D Y Amount 1 0 0 2 1 3 Form(Cash, Check, etc)	20.00	
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Employer Occupation Calori Organization			25.00	
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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 S 160.00
	<u> </u>	

^{*} 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)]