

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 10/2/13
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Name of Committee in Full The Committee to Elect Dominic Paretti				
Full Name of Contributor William DeMora			Registration Number, if PAC	
Street Address 100 Warren St.	Employer/Occupation/Labor Organization* Ohio Dem Party		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$100.00	
Full Name of Contributor John Patterson			Registration Number, if PAC	
Street Address 78 E. Beech St	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Jefferson	State OH	Zip Code 44047	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$100.00	
Full Name of Contributor Friends of Barbara Boyd			Registration Number, if PAC	
Street Address 3623 Cummings Rd	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Cleveland	State OH	Zip Code 44118	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$500.00	
Full Name of Contributor Friends of Nicholas J. Celebrezze			Registration Number, if PAC	
Street Address 2344 Canal Rd.	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Cleveland	State OH	Zip Code 44113	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$500.00	
Full Name of Contributor Friends of Sandra Williams			Registration Number, if PAC	
Street Address 12518 Fairhill Rd.	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Cleveland	State OH	Zip Code 44120	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$50.00	
Full Name of Contributor Friends of Mike Foley			Registration Number, if PAC	
Street Address 3525 Carmunn Ave.	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Cleveland	State OH	Zip Code 44111	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$50.00	
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education			Registration Number, if PAC OH1053	
Street Address 3035 Lamb Ave.	Employer/Occupation/Labor Organization* Columbus Sheet Metal Wo		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	V 1
Form (Cash, Check, etc.) check			Amount \$50.00	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,350.00**