31-E R.C. 3517,10(B)

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

Event Date	1/15/13		.
Page 3			1

Prescribed by Secretary of State 03/01

Name of Contributor Nathan S. Akamine  Street Address  City Columbus  Full Name of Contributor  Continuous  Columbus  Street Address  Columbus  Co		
Full Name of Contributor Nathan S. Akamine  Street Address  844 S. Front Street  City Columbus  Full Name of Contributor Committee to Elect Dominic Paretti  Street Address  522 1/2 S. Pearl Street  Columbus  Full Name of Contributor  Full Name of Contributor James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Amount  Amount  Amount  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Amount  Amount  Amount  Amount  Amount  Full Name of Contributor  James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount		
Street Address  844 S. Front Street  City Columbus  Sta' te OH 43206  Form (Cash, Check, etc.) Check  Registration Number, if PAC  Columbus  Sta' te OH 43206  Form (Cash, Check, etc.) Check  Registration Number, if PAC  Committee to Elect Dominic Paretti  Street Address  522 1/2 S. Pearl Street  City Columbus  Sta' te Sta' te Zip Code OH 43215  Check  Registration Number, if PAC  Columbus  Sta' te Columbus  Columbus  Sta' te Columbus  Sta' te Columbus  Sta' te Columbus  Columbus  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  Sta' te Columbus  Columbus  Employer/Occupation/Labor Organization*  Mi Di Yi Amount  Amount  Amount  Street Address  Employer/Occupation/Labor Organization*	Registration Number, if PAC	
844 S. Front Street  City Columbus  O		
City Columbus OH 43206 Form (Cash, Check, etc.) Check  Full Name of Contributor Committee to Elect Dominic Paretti  Street Address Employer/Occupation/Labor Organization*  Stall to Zip Code OH 1 1 5 1 3 \$25  City Columbus  Full Name of Contributor OH 43215  Full Name of Contributor James S. Savage III  Street Address Employer/Occupation/Labor Organization*  M D Y Amount Registration Number, if PAC	0.00	
Columbus  Full Name of Contributor Committee to Elect Dominic Paretti  Street Address  522 1/2 S. Pearl Street  City Columbus  Full Name of Contributor Columbus  Full Name of Contributor James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  OH 43206  Registration Number, if PAC  City Columbus  Fonn (Cash, Check, etc.) Check  Registration Number, if PAC  Employer/Occupation/Labor Organization*  M D Y Amount Amount Check  Registration Number, if PAC	U.UU	
Full Name of Contributor  Committee to Elect Dominic Paretti  Street Address  522 1/2 S. Pearl Street  City  Columbus  Full Name of Contributor  Columbus  Full Name of Contributor  James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Registration Number, if PAC  Employer/Occupation/Labor Organization*  M D Y Amount  Amount  Amount  Check  Registration Number, if PAC		
Committee to Elect Dominic Paretti  Street Address  522 1/2 S. Pearl Street  City  Columbus  Columbus  Full Name of Contributor  James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  M D Y Amount  Amount  Employer/Occupation/Labor Organization*  M D Y Amount		
Street Address  522 1/2 S. Pearl Street  City  Columbus  Full Name of Contributor  James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  M D Y Amount  Amount  Employer/Occupation/Labor Organization*		
522 1/2 S. Pearl Street         0 1 1 5 1 3 \$25           City         Stalte         Zip Code         Fonn (Cash, Check, etc.)           Columbus         OH 43215         Check           Full Name of Contributor         Registration Number, if PAC           James S. Savage III         Street Address         Employer/Occupation/Labor Organization*         M D Y Amount		
City Columbus OH 43215 Check  Full Name of Contributor James S. Savage III  Street Address Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.) Check  Registration Number, if PAC		
Columbus OH 43215 check  Full Name of Contributor James S. Savage III  Street Address Employer/Occupation/Labor Organization* M D Y Amount		
Full Name of Contributor  James S. Savage III  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  M D Y Amount		
James S. Savage III  Street Address		
Street Address Employer/Occupation/Labor Organization* Mt D Y Amount		
	0.00	
City State Zip Code Form (Cash, Check, etc.)		
Dublin OH 43016 check		
Full Name of Contributor  Registration Number, if PAC		
Kristen J. Brown		
Street Address Employer/Occupation/Labor Organization No.   D.   Y. Amount   1489 Oakbourne Drive   D.   1   5   1   3   \$10	00.00	
City State Zip Code Form (Cash, Check, etc.)  Worthington OH 43235 check		
Full Name of Contributor Registration Number, if PAC		
Lloyd Pierre-Louis		
Street Address Employer/Occupation/Labor Organization* M D Y Amount		
6227 Beringer Drive 0   1   1   5   1   3   \$10	00.00	
City Stalte Zip Code Fonn (Cash, Check, etc.)		
Westerville OH 43082 check		
Full Name of Contributor  Todd M. Royelaw		
Todd W. Barstow		
Street Address 4185 E. Main Street  Attorney	0.00	
Attorney		
City Stalte Zip Code Form (Cash, Check, etc.) Columbus OH 43213 Check		
Full Name of Contributor  Registration Number, if PAC		
John P. Gilligan		
Street Address Employer/Occupation/Labor Organization* M D Y Amoun		
	00.00	
City State Zip Code Form (Cash, Check, etc.)		
Columbus OH 43220 check		

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

\$5,365.00

Total expenditures this event.

	1
\$35	0.35
	_ 1

<sup>\*</sup> 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)]