

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor		Registration Number, if PAC	
Rourke & Blumenthal			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
495 5th St	LAW FIRM	0	5 26 16 300-
City	State	Zip Code	Form (Cash, Check, etc.)
Colo	0	43215	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
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 Amount
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Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
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, 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

5450 -

deposited
6/6/16

Total expenditures this event.

-0-

Page Total \$

300-