| Event Date | 8/27/13 |
|------------|---------|
| Page | 42 |

Statement of Contributions Received at a Social or Fundraising Event

| Name of Contributor Full Name of Contributor | | Prescribed by Se | cretary of State 3/05 | | | | | | |
|--|---|--|---|---|-----------------------------|-------------|---------------|-------|--|
| Manual Contributor Registration Number, if PAC | | | | | | | | | |
| Klein Committee Employer/Occupation/Labor Organization* | Gwen Callender for Judge | | | | | | | | |
| Employer/Occupation/Labor Organization* | Name of Contributor | | | | Registration Number, if PAC | | | | |
| State Zip Code Form(Cash, Check, etc) | Klein Committee | | <u></u> | | | | | | |
| Sinter Columbus Sinter Columbus | | Employer/Occup | Employer/Occupation/Labor Organization* | | | 1 . | | 1507 | |
| Columbus Old H 43215 Check Registration Number, if PAC Itreet Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Employer/Occupation/Labor Organization* M D Y Amount Employer/Occupation/Labor Organization* M D Y Amount Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Form(Cash, Check, etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount Full Name of Contributor Registration Number, if PAC | 545 <u>East Town Street</u> | | | | | | | 150.0 | |
| Amount State Zip Code Form(Cash, Check, etc) | | | 1 ' | | | | | | |
| Employer/Occupation/Labor Organization* | | | 43215 | | | | | | |
| State Zip Code Form(Cash,Check,etc) | ull Name of Contributor | | | Registra | ation Num | iber, ir r | AC | | |
| State Zip Code Form(Cash, Check, etc) State Zip Code Form(Cash, Check, etc) | | Employer/Occur | antion/Labor Organization* | | ΙĐ | ΤΥ | Amount | _ | |
| M D Y Amount | treet Address | Employer/Occupation/Labor Organization | | 1 " | Ιĩ | Ĺ | | | |
| State Zip Code Form(Cash, Check, etc) | | State | Zin Code | Form(C | ash.Chec | k,etc) | | _ | |
| Employer/Occupation/Labor Organization* | ny | | 2p C 500 F | (- | | . , | | | |
| Employer/Occupation/Labor Organization* | ull Name of Contributor | <u> </u> | <u> </u> | Registra | ation Nun | iber, if P | AC | | |
| State Zip Code Form(Cash, Check, etc) | an realist of continues. | | | | | | | | |
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| Employer/Occupation/Labor Organization* M | City | State | Zip Code | Form(C | ash,Chec | k,etc) | | | |
| Employer/Occupation/Labor Organization* M | | | _ | | | | | | |
| State Zip Code Form(Cash, Check, etc) | ull Name of Contributor | | | Registr | ation Nur | nber, if P | AC | | |
| State Zip Code Form(Cash, Check, etc) | | | | | , | <u> </u> | | | |
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| Employer/Occupation/Labor Organization* M | City | State | Zip Code | Form(C | Cash, Chec | k,etc) | | | |
| Employer/Occupation/Labor Organization* M | | | | D a mi at- | neion Nie | nhar if E | | | |
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| Full Name of Contributor Registration Number, if PAC | street Address | Дпрюуслосси | pation tabol organization | | | Τì | | | |
| Full Name of Contributor Registration Number, if PAC | `` | State | Zip Code | Form(C | ash,Chec | k,etc) | | | |
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| Street Address Employer/Occupation/Labor Organization* M D Y Amount | <u></u> | | | | | | | | |
| Screet Address | Full Name of Contributor | | | Registi | ration Nu | nber, if I | PAC | | |
| Greet Address | <u> </u> | | | | 1 | Т | - | | |
| City State Zip Code Form(Cash,Check,etc) | Street Address | Employer/Occu | pation/Labor Organization* | M ₁ | D | Y | Amount | | |
| State Zip Code Form(Casn, Check, etc) | | | Ja: o l | r '' | Cash Ct | 1: 4:5 | | | |
| | City | State | Zip Code | rom(0 | casn, Che | .K,E(C) | | | |
| | | | | | | | | | |
| | quired for contributions from individuals over \$100 to sta ridual's business, if any, rather than employer should be li | | 7 7 7 7 | and avenued | tha naata | nate of S | 100 the labor | | |

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 \$150.00_ |
| | <u> </u> | |