Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/25/13
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Name of Committee in Full Re-Elect King Trustee				
Full Name of Contributor Gene Bostic			Registration Number, if PAC	
Street Address 7143 Coffman Road	Employer/Occupation/Labor Organization*		0 9 2 5 1 3	Amount \$50.00
City Dublin	Stal te OH	Zip Code 43017	Form (Cash, Check, etc.) Check	r _e
Full Name of Contributor	·	•	Registration Number, if	PAC
Tom Hart			M D Y	
Street Address 100 S. Third Street	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$100.00
City	State	Zip Code	Form (Cash, Check, etc.) Check	
Columbus	OH	43215	Registration Number, if	DI C
Full Name of Contributor Joel Campbell			Registration Number, if	
Street Address 575 S. Third Street	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	4
Columbus	OH	43215	Check	
Full Name of Contributor Marilee Chinnici-Zuercher			Registration Number, if	PAC
Street Address	<u> </u>		M D Y	Amount
6043 Glenbarr PL	Employer/Occup	Employer/Occupation/Labor Organization*		\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43017	Check	
Full Name of Contributor Rich and Barb Gerber			Registration Number, if	PAC
Street Address 6125 Karrer PL	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$200.00
City Dublin	Stal te OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor John and Shelia Reiner			Registration Number, if	PAC
Street Address 9877 Turin Hill Court N.	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	30 P 1 8 7
Full Name of Contributor David McKee			Registration Number, if	PAC
Street Address 7127 Coventry Woods Drive	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
City Dublin	Staj te OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
* Required for contributions from individuals over \$1	00 to statewide and General As	sembly candidates. If contrib	utor is self-employed, the occ	upation and the name of

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

lotal contributions this event
\$0.00

Total expenditures this event.

	i .
\$0	.00

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)]