Event Date	10/9/13
Page	65

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Se	ecretary of State 3/05							
ttee	<u> </u>	iö	ion Mus-1	er is D	·C			
				Registration Number, if PAC				
19/13 Fundraiser)	notion/Labor Organization*	— м	ח	Y	Amount			
EmployenOccu	Pation Cagamization	'''.				850.0		
State	Zin Code	Form(Ca	sh Check	.etc)		000.0		
I	Zip code			,				
<u> </u>	_ <del></del>	Registra	tion Numl	ber, if P	AC			
Employer/Occu	Employer/Occupation/Labor Organization*			Ŷ	Amount.			
			l	ļ	<u> </u>			
State	Zip Code	Form(C	ash,Check	.etc)				
		Registra	tion Num	ber, if P.	AC			
				<del>,</del>	· · · · · · · · · · · · · · · · · · ·			
Employer/Occu	pation/Labor Organization*	М	D	) Y	Amount			
			<u> </u>	<u>L</u>				
State	Zip Code	Form(C	ash,Checi	(.etc)				
		D.	nia- No-	har if D	A.C			
		Registra	inon wan	iper, ii r	AC			
To   -   -   -   -   -   -   -   -   -		- Н	T n	I Y	Amount			
Employer/Occi	Employer/Occupation/Labor Organization*				1 3110411			
- Crare	Zin Code	Form(C	ash Chec	k_etc)	_			
Sizie !	Zip Code	1 0	Total (Casti, Check, cto)					
		Registr	ation Num	ber, if P	AC	-		
[Employer/Occi	Employer/Occupation/Labor Organization*		D	Y	Amount			
1			1 :					
State	Zip Code	Form(C	ash,Chec	k,etc)				
		Registr	ation Nun	nber, if I	PAC			
Employer/Occ	upation/Labor Organization*	М	Ð	Y	Amount			
			<u> </u>	<u>1 :</u>				
State	Zip Code	Form(C	ash,Chec	k,etc)				
			n. Sanita M. Caritta					
		Registi	ation Nur	nber, if I	PAC			
10 1 0			<u> </u>	T ▽	Amormi	<del></del>		
Employer/Occ	Employer/Occupation/Labor Organization*		"	'	Amoun			
S.a.	Zin Code	Formi	Form(Cash Check etc.)					
31216	Zip Code	, chine and, check, city						
5121e	Zip Code	7 0(						
	Employer/Occu  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State	Employer/Occupation/Labor Organization*     State	Registra   Registra   Registra   Porm(Ca   P	Registration Number	Registration Number, if Part	Registration Number, if PAC		

Fill in the boxes below only on the fast 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 \$	850.00
850.00 }	461.091	L.	

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 appear. [R.C. 3517.10(B)(4)]