31-E R.C. 3517.10(B)

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

Event	Date	06/18/2013
Page	2	06182013

Prescribed by Secretary of State 3/05

Full Name of Contributor					Registration Number, if PAC			
Zach Space Street Address	Live de cont	)	<u> </u>	Lb	1 0			
4 Parkview Dr	imployer/C	Occupation/Labor Organization*	M	D	Y	Amount \$250.0		
City	State	Zip Code	06	20	13			
Dover	ОН	44622-1168	Form (Cash, Check, etc.) Check					
Full Name of Contributor George J Sicaras					Registration Number, if PAC			
Street Address 2988 N High St	Employer/C	Employer/Occupation/Labor Organization*		D 20	Y 13	Amount \$500.0		
City	State OH	Zip Code 43202-1155	06   20   13   \$500.00  Form (Cash, Check, etc.)  Check					
Full Name of Contributor Mary S. Duffey	Registration Number, if PAC							
Street Address 4740 Hayden Run Rd	Employer/Occupation/Labor Organization*		M 06	D 24	Y 13	Amount \$500.0		
City Columbus	State OH	Zip Code 43221-5905	Form (Cash, Check, etc.) Check					
Full Name of Contributor Shirine Mafi				Registration Number, if PAC				
Street Address 811 Troon Trl	Employer/Occupation/Labor Organization*		M 06	D 20	Y 13	Amount \$500.0		
City Columbus	State OH	Zip Code 43085-2949	Form (Cash, Check, etc.) Check					
Full Name of Contributor  James G Sicaras				Registration Number, if PAC				
Street Address 1955 Upper Chelsea Rd	Employer/0	Occupation/Labor Organization*	M 05	D 23	Y 13	Amount \$2,000.		
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) 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 Total expenditures this event.

\$7,300.00 \$490.66 Page Total S 3,750.00