

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 10/2/13
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Name of Committee in Full The Committee to Elect Dominic Paretti				
Full Name of Contributor Citizens for Stinziano			Registration Number, if PAC	
Street Address 550 E. Walnut St.	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Full Name of Contributor Friends of Matt Szollosi			Registration Number, if PAC	
Street Address 3166 N. Republic Blvd.	Employer/Occupation/Labor Organization* Ex. Dir ACT OHIO		M 1	D 0
City Toledo	State OH	Zip Code 43615	Y 2	Amount \$500.00
Full Name of Contributor Friends of Bob Hagan			Registration Number, if PAC	
Street Address 562 Maderia Ave	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Youngstown	State OH	Zip Code 44504	Y 2	Amount \$50.00
Full Name of Contributor Larry Malone			Registration Number, if PAC	
Street Address 5949 Hampton CORS N	Employer/Occupation/Labor Organization* OAPSE		M 1	D 0
City Hilliard	State OH	Zip Code 43026	Y 2	Amount \$100.00
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 964 Highland St.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$100.00
Full Name of Contributor Committee to Elect Tom Letson			Registration Number, if PAC	
Street Address 4061 Tod Ave. NW	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Warren	State OH	Zip Code 44485	Y 2	Amount \$100.00
Full Name of Contributor The Committee to Elect Sean J. O'Brien			Registration Number, if PAC	
Street Address PO Box 9	Employer/Occupation/Labor Organization* State Representative		M 1	D 0
City Brookfield	State OH	Zip Code 44403	Y 2	Amount \$100.00

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,050.00**