· 31-E ~, R.C. 3517.10(B)

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

Evens Date	9/30/13/
57	-4-54-71-2
Page D	24

	Name of Committee in Full Kambon, Edu								
	Full Name of Contributor			Registratio	n Number, if Pa	AC .			
٦	Street Address	Employer/Occupati	on/Labor Organization*	Ma	D Y	Amount	1		
	3226 McCutchen Place			93	30/3	30-	ľ		
	Columbus	Oh State	Zip Code 43219 - 3399	Form (Cash	(Check) (nc.)		l		
0	James C Pearson & Valerie	A Page		Registratio	n Number, if P.	AC.			
	Street Address	Employer: Occupation/Labor Organization*				M 2 1 1 Amount			
	3224 Cannock Lane	Şta te	Zip Code	Form (Cash	(Check) etc.)	20,00	1		
	Columbus, Ohio	10h	43219	50	,00	en in de de la companya de la compa			
	Full Name of Contributor Times Sullinger		•	Kegistratio	a Number, if P.	AC .			
	Street Address 1453 Forest St	Employer/Occupation/Labor Organization*			3) (3	Amount /0-0,00	١.		
	City (of a first	100	73206	Form (Cash	(heck etc.)		İ		
	Full Name of Contributor	191	Registratio	a Number, if P.	ic and the second	1			
	reet Address Employer Occupation/Labor Organization*				D Y	Amount			
	5078 Harbor Blad B			9	30/3	30.00			
İ	Calumbus	Olis	2ip Code 43232	Form Cast	(Check, etc.)	, r - 3			
ļ	Full Name of Contributor (NAME OF OF OF OF OF OF OF OF OF OF OF OF OF	Registratio	a Number, if P.	AC					
	Street, Aldress E. Broad Sheet	Employ er/Occupati	3	3/1/2	Amount	1			
	Ciry A	Signe	Zip Code	Form (Cash	Check, etc.)				
	Mystace of Gentributor Judy Gatti				Registration Number, if PAC				
					<u> </u>				
	23 98. Ziner Circle N	Employ er/Occupati	9	30/3	40-				
i	Care City	CIL	43123	Form (Cast	Check, etc.)	AV			
	Full Serve of Contributor	Registratio	n Number, if P.	AC	1				
Ĭ	reet Address Employer;Occupation/Labor Organization*				PA 17	Amount	١.		
1	3387 Patriot Blud	Sta te	Zip Cottle	Form Can	(Cpicity etc.)	$\omega \omega \omega$			
	Columbus	10h	43219	248	0				
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregation 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									
1	Total contributions this event								
						920/			
į					Page Tot	als 330			