Event Date	10/23/13
Page	9
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full								
Friends of Kari Hertel			In 1.			TRACE		
Full Name of Contributor Mary Mulroy				Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M	D	ΤΥ	Amount		
975 Cross Country Dr W	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			213			50.00	
City	State	Zip Code		ash,Chec	k,etc)			
Westerville	OH	43081		chec				
Full Name of Contributor			Registra	ition Nun	nber, if	PAC		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	ΤΥ	Amount		
					1 1			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	ation Nun	nber, if	PAC		
Street Address	dress Employer/Occupation/Labor Organization*		М	D	Y	Amount		
						1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
							_	
Full Name of Contributor			Registra	ation Nun	nber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
City	State	Zip Code	Forni(Cash,Check,etc)					
Full Name of Contributor			Registra	ation Nun	nber, if	PAC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	State Zip Code		Form(Cash,Check,etc)				
City	State	Zip Code	Fornic	asit,Circc	K,CIC)			
Full Name of Contributor	<u> </u>	<u> </u>	Registra	ation Nun	nber, if	PAC		
				,				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
- City	State	Zip Code	Form(C	ash,Chec	k etc)			
Chy	Siaic	Zip Conc	Tomice	usn, chee	K,CIC)			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nur	nber, if	PAC		
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form/C	ash,Chec	k etc)			
City	State	λη Code	romic	asii,Cacc	ж,стс)			
<u> </u>	<u> </u>	·						
equired for contributions from individuals over \$100 to statewi	de and general assembly cand	lidates. If contributor is self-em	ployed, the	оссцратіс	on and	the name of the		
vidual's business, if any, rather than employer should be listed.		ntribute via payroll deduction a	and exceed th	he aggreg	ate of	\$100, the labor		
nization of which the employees are members, if any, must ap	pear. [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	Total expenditures this event	
		Page Total \$50.00