

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date 09-08-2013
Page 3

Name of Committee in Full <u>Citizens For Kim Margard</u>			
Full Name of Contributor <u>Ethyl M. Erwin</u>		Registration Number, if PAC	
Street Address <u>1485 Roschill Rd</u>	Employer/Occupation/Labor Organization*	M D Y <u>09 08 13</u>	Amount <u>25.00</u>
City <u>Reynoldsburg</u>	State <u>OH</u> Zip Code <u>43068</u>	Form (Cash, Check, etc.)	
Full Name of Contributor Plumbers & Pipefitters Local 189 <u>Columbus Bldg 3 Trades</u>		Registration Number, if PAC	
Street Address <u>555 E. Rich St. #217</u>	Employer/Occupation/Labor Organization*	M D Y <u>09 08 13</u>	Amount <u>250.00</u>
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>IBEW 683 PCE</u>		Registration Number, if PAC	
Street Address <u>23 West 2nd Ave</u>	Employer/Occupation/Labor Organization*	M D Y <u>09 08 13</u>	Amount <u>250.00</u>
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43201</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>of</u> <u>Statement Total Employee Contributions received</u>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount <u>100.00</u>
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	

* 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

13 \$20.00

Total expenditures this event

625 \$