

**Statement of Contributions Received
at a Social or Fund-Raising Event**
Prescribed by Secretary of State 3/05

Event Date	09/29/2015
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	9-29

Name of Committee in Full Friends of O'Connor				
Full Name of Contributor Laurence Gumina			Registration Number, if PAC	
Street Address 5369 Lake Shore Ave	Employer/Occupation/Labor Organization* OPRS CEO		M 09	D 29
			Y 15	Amount \$500.00
City Westerville	State OH	Zip Code 43082-8172	Form (Cash, Check, etc.) Check	

* 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 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
\$500.00

Total expenditures this event.
\$0.00

Page Total \$ 500.00