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

Name of Committee in Full			
Full State of Contributor Sauer + ASSOC. (Mat)	Sauer		Registration Number, if PAC
Street address P.D. BOX 09051	Employer/Occup	alion/Labor Organization*	03/9/4 50.07
Full Gum of Contributor	0H	zip Code 43209	Form (Cash, Check, etc.)  Registration Number, if PAC
Street Address of POX humil in I	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1/ Oper Arlington	Sta te	Zip Code	Form (Sash, Check, etc.)
Full Name of Contributor  Michael Silberstein  Street Address	1. (28)	10042	Registration Number, if PAC
1093 Fourtain Ln. Apt. D	Employer/Occupati	ion/Labor Organization*	33/9/4 50.00
Full Same of Contributors	DH	43213-4158	Fonn (Cash, Check, etc.)  Registration Number, if PAC
Street Address / High St Ant Con	Employer/Occupation	on/Labor Organization*	M D Y Aracent
Columbus	Sta 16/	zip Code 43215-3041	Form (Cash, Check, gtc.)
Rubbert Barnhart  Street Address			Registration Number, if PAC
1632 W. 3rd Ave.		n/Labor Organization* Zip Code	M 3 P Y Amount 03/9/4 50.00 Form (Cash, Check, etc.)
Full Fame of Contributor	04	43212	Registration Number, if PAC
395 Stewart Ave.	mployer/Occupation	vLabor Organization*	M 3/9/4 Amount 50.00
Columbus Full Name of Coainbuyer	Sta te	43266-272	Form (Cash, & beck, etc.)
Jona Ferri's	aployer/Occumation	Labor Organization*	Registration Number, if PAC
724 /8 S. High Sti		ip Code F	03/9/4 20.00
Required for contributions from individuals over \$100 to statewide and be individual's business if any rather than employer should be listed.	d General Assemb	93206 Oly candidates. If contributor is se	If-employed, the occupation and the name of

idividual'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 No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.



Page Total \$ 920.00