31-E
R.C. 3517.10(B)

Event Date 10/9/13
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Davis Reception

Name of Committee in Full					
Citizens for Larese					
Full Name of Contributor: Total Contributions of "25.00 or less			Registration Number, if PAC		
Street Address: "Davis Reception"	Employer/Occupation/Labor Organization*		M 10 D 09 Y 13	Amount 400.00	
City: Grove Cit.	State: OH	Zip Code: 43123	Form (Cash, Check, etc.): ck		
Full Name of Contributor: Mark Cooper			Registration Number, if PAC		
Street Address: 6214 Brookmeade Circle	Employer/Occupation/Labor Organization*		M 10 D 09 Y 13	Amount 100.00	
City: Grove City	State: OH	Zip Code: 43123	Form (Cash, Check, etc.): ck		
Full Name of Contributor: Howard W. Linden			Registration Number, if PAC		
Street Address: 2766 Independence Ct.	Employer/Occupation/Labor Organization*		M 10 D 09 Y 13	Amount 30.00	
City: Grove City	State: OH	Zip Code: 43123	Form (Cash, Check, etc.): ck		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
City	State	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	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	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	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: 530 | 00

Total expenditures this event: — 0 —

Page Total $ 530.00