

# FOR PAPER FILING ONLY

## Statement of Contributions Received

### at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 10/2/13  
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Name of Committee in Full <b>The Committee to Elect Dominic Paretti</b>				
Full Name of Contributor <b>Jennifer House</b>			Registration Number, if PAC	
Street Address <b>41 W. Lincoln St</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Andrew DiPalma</b>				
Street Address <b>3982 Declaration Dr</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization* <b>State of Ohio</b>		M <b>1</b>	D <b>0</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43230</b>	Y <b>2</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Erin Davis</b>				
Street Address <b>833 Macarran Ct.</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization* <b>State of Ohio</b>		M <b>1</b>	D <b>0</b>	Amount <b>\$50.00</b>
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	Y <b>2</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Friends of Connie Pillich</b>				
Street Address <b>9910 Forestglen Dr.</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization* <b>State Representative</b>		M <b>1</b>	D <b>0</b>	Amount <b>\$50.00</b>
City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45242</b>	Y <b>2</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Amount
City	State <b>OH</b>	Zip Code	Y	
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Amount
City	State <b>OH</b>	Zip Code	Y	
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Amount
City	State <b>OH</b>	Zip Code	Y	
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

**\$2,600.00**

Total expenditures this event.

**\$302.75**

Page Total \$ **\$200.00**