31-E R.C. 3517.10(B)

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

)
Event Date 4/23/	
Page 1	
/	

Pr	escribed by Secretary	y of State 03/05				
Name of Committee in Full 5000	077	Fon	50	di	10	
Full Name of Contributor Tom W	ALDE	POK	Registra	ation Nu	ber, it l	'nĊ
Street Address 6/ N. GANDOSKI	Employers Occupati	on/Jabor Organization*	M	22	16	Amount
Delawa CP	Sta te	Zip Code 0430/5	Form (C	ash fic	ck. elc.)	, ,
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*	M	D	١	Amount
City	Sta te	Zîp Code	Form (C	ash, Che	ck, etc.)	
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	
Full Name of Contributor			Registra	ation Nu	nber, if I	PAC
Street Address	Employer/Occupation/Labor Organization*		M	D		Amount
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	
Full Name of Contributor			Registra	ation Nur	nber, if I	PAC
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	
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Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupati	on/Labor Organization*	M	D	Y	Amount
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	
* Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be listed labor organization of which the employees are members, if any, mus	d. If two or more e	imployees contribute via payroll d				
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	er Full Name of C	ontributor etato "Contributiona Gas	m them	No. 21 t	7" god 1	ist the date of the arms

in the date column		
Total contributions this event	Total expenditures this event,	
4,300 00	Page Total \$ 150	
	De 105/16 TOTAL FOR EVOUST	