Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	J	[1]	
Page _	_		

Name of Committee in Full					
Printer for Camail					
Full Name of Contributor	Registration Number, if PAC				
Richard Termulyten II Street Address					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y	Amount	
495 Columbin Place	Finklin (to Pleseentrote. Style Ziptode 4320a		032411	25	
City	State	Zip Code	Form (Cash, Check, etc.)	· · · · · · · · · · · · · · · · · · ·	
Columbus	DU	43209	Chech		
Full Name of Contributor			Registration Number, if P.	AC.	
Succi Address					
Street Address	Employer/Occupation	on/Labor Organization*	0 4 8 7 11	Amount	
4153 Stargass Ct	House	- Uc/y's		20	
City H. Mirad	VIII.	- Using 'S Zip Code U 3026	Form (Cash, Check, etc.)		
Full Name of Contributor	-		Registration Number, if P.	AC	
Catharina Russo					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y	Amount	
1029 S. Westington itre	First 12	ty Prosectory Ofc	040511	97	
city_	State	Zip Code	Form (Cash, Check, etc.)		
Colmbus	1000	4 3 20 0	Registration Number, if P.	A.C.	
Full Name of Contributor			Registration Number, 11 P.	AC .	
Luke Streng Street Address	le too i	* 1 0	M D Y	Ampunt	
13 Scott Circle	Employer/Occupation/Labor Organization*		040611	(O)	
1Cin.	Sta te	Zip Code	Form (Cash, Check, etc.)		
Maysville	\ \rangle \hat{\hat{\hat{\hat{\hat{\hat{\hat{	43040	Check		
		·	Registration Number, if P.	AC	
Tennifer Lupiba					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
1418 Vrginia Aul	Quest	Software	0 40 6 11	100	
	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	04	43412	Choch		
Full Name of Contributor			Registration Number, if P.	AC	
Danie / Hunkas Surer Address			,		
Street Address	Employer/Occupation	on/Labor Organization*		Amount	
630 Lauson Brive	FILLKIN	CHI PLOGETA SOFT	Form (Cash, Check, etc.)	1.3	
Cin/Nexterville	() H	(ty. Proseto's Office	Chack		
Full Name of Contributor		<u> </u>	Registration Number, if P	AC	
Patrick Piccininni					
Street Address		on/Labor Organization*	M D Y	Amount	
12024 TRUKS BULY RA		ty Prisector's Office	01910101	20	
City Call on house	Sta te	Zip Code 3221	Form (Cash, Check, etc.)	-27	
• Required for contributions from individuals over \$100 to statewide	and General Assa			pation and the name of	
- Kequired for contributions from individuals over \$100 to statewide	L Manne mane	mployees contribute via navroll of	leduction and exceed the	aggregate of \$100, the	

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
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Total expenditures this event.

561 13

	47
Page Total \$	0.)