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

Event Date 9/9/10			
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Full Name of Contributor		Registration Number, if PAC
Total Employee Contributions From	n Form 31-G	registration, it into
Street Address	Employer/Occupation/Labor Organiza	ation* M D Y Amount \$1,550.00
City	Stal te Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiza	ation* M D, Y Amount
City	Sta te Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor	,	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiza	ation* M D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiz	ation* M D Y Amount
City	Sta te Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiz	ation* M D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiz	ation* M D Y Amount
City	Stal te Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organiz	ation* M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, ctc.)

Fill in the boxes below only on the last page for this event Transfer the Total contributions for this event to form No. in the date column	. 31-A. Under Full Name of Contributor state "Contributions from fo	orm No. 31-E" and list the date of the even
Total contributions this event	Total expenditures this event.	
\$18,275.00	\$0.00	Page Total \$ \$1,550.00

labor organization of which the employees are members, if any, must also appear. [R.C. 3517,10(B)(4)]