Event Date	5-20-09
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

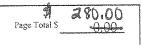
Alicia Registration Number, if PAC Employer/Occupation/Labor Organization Street Address 50.00 WOVE Form(Cash,Check,etc) <u>(ush</u> olumbus Registration Number, if PAC Employer/Occupation/Labor Organization* Street Address 230.00 ash,Check,etc) Zip Code State Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Zip Code Form(Cash,Check,etc) State Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Zip Code Form(Cash,Check,etc) State Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization® D Street Address State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization* D Street Address Form(Cash,Check,etc) State Zip Code Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization* D Street Address Form(Cash,Check,etc) State Zip Code City

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

Total	contributions this event	
¥	1255,00	

Total expenditures this event



^{*} 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 appear. [R.C. 3517.10(B)(4)]