







Statement of Contributions Receive at a Social or Fund-Raising Ever

Form 31

Full Name of Committee					R.C. 3517.10()
Friends of Sandi Alle	△				÷
Full Name of Contributor	<u> </u>			Docietration Number if DA	
run Name of Communici	Registration Number, if PA	•			
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Street Address	Employer/Occupation/Labor Organization		Date (MM/DD/YYYY)	Amount	
					
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	2
Street Address .		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	<u></u>	State	Zip Code	Form (Cash, Check, Etc	
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Full Name of Contributor				Registration Number, if PAC	
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Short Address	- I Complete				
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Full Name of Contributor				Registration Number, if PAC	<u></u>
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Street Address	Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount
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O'L.		04-4-	Zi- Codo	Fam. (Onch Ob. 1) 51	
City		State	Zip Code	Form (Cash, Check, Etc	
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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 No. 31-E" and list the date of the event in the date column

Total Contributions	This Event
60.00	

Total Exper	iditures Tr	iis Event
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^{*} 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)]