Event Date	6/29/11	
Page	5	

Statement of Contributions Received at a Social or Fundraising Event

Name of Constitutes Part		Treseribed by 3e	cretary of State 5/05	_		-		
Fail Name of Contributor								
Daphne Hawk Street Address Employer/Occupation/Labor Organization* M D Y Amount 45.00			·					
2374 White Road	T				Registration Number, if PAC			
2374 White Road	Daphne Hawk							
Grove City Grove City Grove City H 43123 Hame of Contributor Richard Hudson Street Address Famployer/Occupation/Labor Organization* David Keseg Street Address Employer/Occupation/Labor Organization* David Keseg Blacklick Full Name of Countributor Crity State Full Name of Countributor Crity Blacklick Full Name of Countributor Crity State Full Name of Countributor Crity State Full Name of Countributor Newark Full Name of Countributor Crity State Full Name of Countributor State Full Name of Countributor Crity State Full Name of Countributor Full Name of Countributor State Full Name of Countributor Full Name of Countributor State Full Name of Countributor Full Name o		Employer/Occup	ation/Labor Organization*			Amount		
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Fail Name of Contributor Registration Number, if PAC Registr	Grove City	\perp_{Ω} H	43123		Check			
Street Address				Registratio	on Number, if PA	Ć		
Street Address	Richard Hudson							
State Zip Code Check Registration Number, if PAC	Street Address	Employer/Occup	ation/Labor Organization*	М	D Y	Amount		
State Zip Code Form(Cash, Check, etc) Check	1080 Tiffany Drive			0 6	2 9 1 1		90.00	
Full Name of Countbutor		State	Zip Code					
Full Name of Countbutor	Revnoldsburg	OH	43068		lheck			
Street Address	Full Name of Contributor		<u> </u>	Registratio	on Number, if PA	С		
Street Address	David Keseg							
State		Employer/Occup	ation/Labor Organization*	M	D Y	Amount		
State	8330 Keseg Way			0.6	2 9 1 1		45.00	
Full Name of Contributor Craig Baldwin	City	State	Zip Code					
Full Name of Contributor Craig Baldwin	Blacklick	То н	43004		lheck			
Street Address						C		
Street Address	Craig Baldwin							
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Full Name of Contributor James O'Grady		ОН			heck			
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Street Address	James O'Grady							
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Full Name of Contributor	l '		1 '					
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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 form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event
3 440 00	2 493 92

0

^{*} 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)]