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

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Event Date_	9/22/11
Page	

	Trescribed by Secreta	1		
Name of Committee in Full				
Committee to Elect Lori Tren	JT	· · · · · · · · · · · · · · · · · · ·		
Name of Contributor			Registration Number, if PAC	
JANEY JACKSON .				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
2865 CASTLEWOOD ROAD			092211 02000	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Colebus	OH	43209	Check	
Full Name of Contributor			Registration Number, if PAC	
Lynun Schuler				
Street Address	Employer/Occupa	tion/Labor Organization	M D Y Amount	
110 W. 18th Avenue			0 9 2 2 1 1 Amount 925.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
(de bus	OA	13201	Ckd	
Full Name of Contributor			Registration Number, if PAC	
tara ROTHAN		i		
Street Address	Employer/Occupa	ation/Labor Organization	M D Y Amount	
110 W. 13th Avenue	2		09 22 1 Amount \$25.99	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43201	Check	
Full Name of Contributor			Registration Number, if PAC	
Bill R. Hedrick Street Address	Employar/Occup-	otion/Labor Organization*	M D Y Amount	
535 West First Avence	Employer/Occupation/Labor Organization*		042211 \$50.0	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Colybus	OH	43215	Form (Cash, Check, etc.)	
Full Name of Contributor		ţ	Registration Number, if PAC	
		1		
Mary Jo Huoson Street Address	Employer/Occupy	ation/Labor Organization	M D Y Amount	
	- Chiployen Occupation Laton Organization		092211 \$100.2	
055 Delaware Avenue	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH	43201	Check	
Full Name of Contributor	- ~	1,75	Registration Number, if PAC	
^		!	,	
Robert D. Podlogar Street Address	EI/Occup	ation/Labor Organization	M D Y Amount	
	Employer/Occupation/Labor Organization*		09 22 11 \$50.0	
376 East Deshler Avenue	Sta te	Zip Code	Form (Cash, Check, etc.)	
City	Ø₩	43206	Clock	
COlumbus .		<u> </u>	Registration Number, if PAC	
Full Name of Contributor		Ī		
Champler H. Mercer			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		092211 85010	
376 Ensor Deshler Avenue	Sto ta	Zip Code	Form (Cash, Check, etc.)	
City	Sta te	43106	Clock	
(alubro	-,	<u> </u>		
* Required for contributions from individuals over \$100 to stated the individual's business, if any, rather than employer should be	vide and General As listed. If two or mor	e employees contribute via pay	yroll deduction and exceed the aggregate of \$100, the	
		C 2617 10(D)(4)1		

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 expenditures this event. Total contributions this event

Page Total \$ 6