Statement of Contributions Received at a Social or Fund-Raising Event

	Prescribed by Secre	stary of State 03/05	1
Committee for Chris B	100001111 -	far ludge	
Full Huma of Contributor	' CON	o surge	Registration Number, if PAC
Richanne Lymkoski	Ist. n		M N N
2128 Hober Street	EmployerOccup	pation/Labor Organization*	101614\$80.00
Thata	Sta to	43207	Form (Cash, Check, etc.)
Full Name of Contributor	IUA	172001	Registration Number, if PAC
Mary E. (ain	- 12	·	!
1733 S. High Street	Employer/Occup	*nortaxinagrO vodaJveitse	10/6/4/100.00
Columbus.	Sta to	Zip Code 42707	Form (Cash, Crock, Ita.)
Full Name of Contributor	1011	113001	Registration Number, if PAC
Dennis Kaps Log.	Ir.,		
Let Leland Ave.	Employer/Occupation/Labor Organization*		10/6/4/100.00
Columbus	Sta te	Zip Code/ 432/4	Form (Cash Creck, etc.)
Full Name of Contributor		1 1004 1	Registration Number, if PAC
Momas GJOSTEM, ESC) 		
6730 Hayhurst Street	Employer/Occupation/Labor Organization*		10/19/4250.00
Worthington	Sta té OH	zip Code 43085	Form (Cash Cleck cle.)
Full Name of Contributor Femis			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization®		M D Y Amount
601 S. High Street	State,	Zip Code/	101614 75.00 Forge (Cast) Check, etc.)
Columbus	off	^{Zip Code} /3215	
Joseph R. Landusky II			Registration Number, if PAC
	Employer/Occupation/Labor Organization*		M D Y Amount
201 S. Hight St.	Sta te	Zip Code	Form (Cash, (1882) eta.)
Columbus	014	43706	
Fall Nems of Contributor		- · · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount
ity	Sta to	Zíp Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide	and General Assa	mbly condidates The answitter	is self-amployed the assessment of the
he individual's business, it any, rather than employer should be listed	 If two or more e 	amplovees contribute via payrol	I deduction and exceed the aggregate of \$100, the
abor organization of which the employees are members, if any, mus	t also appear. [R.C	C. 3517.10(B)(4))	<u>.</u>
Il 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.



