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

Event	Date 8.28.09	
Page	2	

	*		
Name of Committee in Full Van Grega Committee	e to E	lost	
Full Name of Contributor		<i>37</i> CCC	Registration Number, if PAC
Street Address			
A. C. Ta	Employer/Occi	apation/Labor Organization*	M D Y Amount
Sty Virginia Cir. W.			982899 60.00
Michal	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	143213	Cash
CHRIS RODRIGUEZ			Registration Number, if PAC
Street Address			
445 ROBINWOOD AVE	Employer/Occu	pation/Labor Organization*	M D Y Amount
City .	Sala	7: 0 1	082809 50.00
WHITEHALL	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	On	43213	CASH
Many Allen Bailes	distr.		Registration Number, if PAC
treet Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
1100 SIMPSON 100			030460 \$40.00
City shotology 11 colo	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	4040/	1C45h
			Registration Number, if PAC
Doind Clary Hagemann			
7 7 7 Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
112 1COSS (COCO)	Patracy (sures Coll	03 2809 \$50,00
	State	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor	OH ·	43213	CV#3779
Sale L.			Registration Number, if PAC
Philip WHAK Allen			
371 Combandari Da	Employer/Occup	ation/Labor Organization*	M D Y Amount
3'11 Cumberland Dr.			08280950.00
Whitehall	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Ill Name of Contributor		43213	
Dennis Will Robers	7 C		Registration Number, if PAC
eet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
3 1d Cumberland Dr			082809/00.00
Whitehall	Stal te	Zip Çode	Form (Cash, Check) etc.)
	OH	43213	
Il Name of Contributor			Registration Number, if PAC
eet Address	In .	•	
	Employer/Occupa	tion/Labor Organization*	M D Y Amount
у	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		
equired for contributions from individuals over \$100 to statewid		1	

ess, 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)]

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
\$ 1080

Total expenditures this event.

3	. (\$.	10	5	00