Event Date	Sep24,11
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

A801 Overcreek P1  City State Powell H  Full Name of Contributor  Street Address Employer/Occ  City State Full Name of Contributor  City State  Full Name of Contributor  Street Address Employer/Occ  City State    Full Name of Contributor  Street Address Employer/Occ  City State    Full Name of Contributor  Street Address Employer/Occ  Full Name of Contributor	Zip Code  43065  upation/Labor Organization*  Zip Code  Zip Code  Lipation/Labor Organization*	Form(Ca	D 2 4 ssh,Check check tion Num	Y 1 1 1 c,etc)	Amount 100.00
Full Name of Contributor  Gary Francis  Street Address  4801 Overcreek Pl  City  Powell  Full Name of Contributor  Street Address  Employer/Occ  Street Address  Employer/Occ  City  State  Full Name of Contributor  Street Address  Employer/Occ  State  Full Name of Contributor  Street Address  Employer/Occ  City  State  Employer/Occ  City  State  Full Name of Contributor  Street Address  Employer/Occ  State  Full Name of Contributor	Zip Code 43065  Apation/Labor Organization*  Zip Code  Apation/Labor Organization*	M 0   9 Form(Ca Registral	D 2 4 ssh,Check check tion Num	Y 1 1 1 k,etc) C	Amount 100.00
Gary Francis  Street Address  4801 Overcreek Pl  City  State  Powell  Full Name of Contributor  Street Address  Employer/Occ  City  State  Full Name of Contributor  Street Address  Employer/Occ  Street Address  Employer/Occ  Street Address  Employer/Occ  State    State	Zip Code 43065  Apation/Labor Organization*  Zip Code  Apation/Labor Organization*	M 0   9 Form(Ca Registral	D 2 4 ssh,Check check tion Num	Y 1 1 1 (c,etc) (c)	Amount 100.00
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equired for contributions from individuals over \$100 to statewide and general assembly c	andidates. If contributor is colf-	employed, th	e occupa	tion and	the name of the
vidual's business, if any, rather than employer should be listed. If two or more employees anization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)	and dates. It contributes is self-	n and avocad	i the aggr	egate of	\$100, the labor

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	
		Page Total \$100.00_

<sup>\*</sup> F