31-E R.C. 3517,10(B)

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

Event Date	6/16/11	
Page _39_		

Dana Rinehart Steet Address 300 E Broad St City Columbus OH 43215 Che Regist Richard Loveland Street Address 8159 Riverside Dr City Powell Anne of Contributor Nancy Taylor Street Address Bemployer/Occupation/Labor Organization* Northington OH 43085 Che Regis City Staj te Zip Code Form Worthington OH 43085 Che Regis City Staj te Zip Code OH 43085 Che Regis City Staj te Zip Code OH 43085 Che Regis City Staj te Zip Code OH 43085 Che Regis City Staj te Zip Code OH 43085 Che Che Regis City Staj te Zip Code OH 43085 Che Che Regis City Staj te Zip Code OH 43085 Che Che Regis City Staj te Zip Code OH 43085 Che Regis City Staj te Zip Code OH 43085 Che Che Regis City Staj te Zip Code OH 43085 Che Che Nationwide Mutual Insurance PAC Che Nationwide Mutual Insurance PAC Staj te Zip Code OH 43085 Che Che Regis City Staj te Zip Code OH 43085 Che Che Che Nationwide Mutual Insurance PAC Staj te Zip Code OH 43085 Che	
300 E Broad St ity State Zip Code Form Columbus Che State Zip Code Che State Che	stration Number, if PAC
Columbus OH 43215 Che Wall Name of Contributor Regis	6 1 3 1 1 Amount \$100.00
Richard Loveland Treat Address Employer/Occupation/Labor Organization* Market Address Market Address Employer/Occupation/Labor Organization* Market Address Market	(Cash, Check, etc.)
8159 Riverside Dr by Staine OH 43065 Che Worthington OH 43085 Che Employer/Occupation/Labor Organization* Region Worthington Worthington OH 43085 Che Worthington Worthington OH 43085 Che Worthington OH 10 Name of Contributor Nationwide Mutual Insurance PAC Region Nationwide Mutual Insurance Nationwide Plaza OH Columbus OH Worthington OH 43215 Che Worthington OH 43215 Che Worthington OH Worthing	stration Number, if PAC
Powell Powell OH	D Y Amount 6 1 3 1 1 \$100.00
westerville Warner of Contributor Nancy Taylor Text Address To 1 Morning St To 1 Morning St Worthington OH 43085 Employer/Occupation/Labor Organization* Morning St To 1 Morning St To 2 Cabe To 2 Cabe To 3 Cabe To 3 Cabe To 4 A3085 Che Worthington To 4 A3085 Che To 4 A3085 Che To 4 A3085 Che To 5 Cabe To 7 A Morning St To 1 Morning St To 1 Morning St To 1 Morning St To 2 Cabe To 3 Cabe To 4 A3085 Che To 4 A3085 Che To 5 Cabe To 7 A Morning St To 1 Morning St To 1 Morning St To 2 Cabe To 7 Cabe To 7 A Sta 1 to 2 Cabe To 7 A Shourne Rd To 8 Sta 1 to 2 Cabe To 7 A Shourne Rd To 8 Sta 1 to 2 Cabe To 7 Che To 8 Sta 1 to 2 Cabe To 8 Che To 7 Che To 8 Sta 1 to 2 Cabe To 7 Che To 8 Sta 1 to 2 Cabe To 7 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 Sta 1 to 2 Cabe To 8 Che To 8 C	(Cash, Check, etc.)
rect Address 701 Morning St ity Sta' te Zip Code Gentributor Calvin Taylor rect Address 701 Morning St ity Sta' te Zip Code Gentributor Calvin Taylor rect Address 701 Morning St ity Sta' te Zip Code Gentributor Calvin Taylor Region Sta' te Zip Code Gentributor Calvin Taylor Region Sta' te Zip Code Gentributor Northington OH 43085 Che Region Sta' te Zip Code Gentributor Nationwide Mutual Insurance PAC Region Sta' te Zip Code Gentributor Nationwide Mutual Insurance PAC Region Sta' te Zip Code Gentributor Nationwide Plaza ity Columbus One Nationwide Plaza ity Columbus OH 43215 Region Sta' te Zip Code Gentributor Che Che Sta' te Zip Code Gentributor Che	stration Number, if PAC
Worthington OH 43085 Che Idl Name of Contributor Calvin Taylor rect Address Worthington OH 43085 Employer/Occupation/Labor Organization* OH 43085 Che Worthington OH 43085 Che Worthington OH 43085 Che Worthington OH 43085 Che Regir Worthington OH 43085 Che Regir Worthington OH 43085 Che Regir Nationwide Mutual Insurance PAC DH Sta'te Zip Code OH OH OH OH OH A3215 Che Che Sta'te Zip Code OH OH Che Sta'te Zip Code OH OH Che Sta'te Zip Code OH Che Che Sta'te Zip Code OH Che Sta'te Zip Code OH OH Che Sta'te Zip Code OH OH Sta'te Zip Code OH Che Sta'te Zip Code OH Sta'te Zip Code OH OH Sta'te Xite OH Sta'te Xite OH Sta'te Xite OH Sta'te Xite OH Sta'te NA Sta'te NA Sta't	6 1 3 1 1 \$100.00
Calvin Taylor rect Address 701 Morning St ity Sta_ic Zip Code OH 43085 Che Worthington OH 43085 Che rect Address One Nationwide Mutual Insurance PAC rect Address One Nationwide Plaza ity Columbus OH 43215 Che Sta_ic Zip Code OH 43215 Che rect Address One Nationwide Plaza ity Columbus OH 43215 Che Sta_ic Zip Code OH 43215 Che Che Sta_ic Zip Code Form Columbus OH 43215 Che Sta_ic Zip Code OH 43215 Che Sta_ic Zip Code OH 43215 Che Sta_ic Zip Code OH 43082 Che Sta_ic Zip Code Che Sta_	(Cash, Check, etc.)
ity Sta_tc Zip Code Form Nationwide Mutual Insurance PAC Treet Address One Nationwide Plaza The Columbus OH A3215 The Columbus OH A321	stration Number, if PAC
Worthington OH 43085 Che Vali Name of Contributor	6 1 3 1 1 \$200.00
Nationwide Mutual Insurance PAC Treet Address One Nationwide Plaza The Address Addres	
One Nationwide Plaza ity Columbus OH Sta te OH A3215 Regi Ghe Westerville OH Sta te OH A3215 Regi OH Sta te	stration Number, if PAC 1259
Columbus OH 43215 Che Full Name of Contributor BIA Build PAC of Central Ohio BIA Build PA	
BIA Build PAC of Central Ohio treet Address 495 Executive Campus Dr ity Westerville State OH State Zip Code OH 43082 Form Che	
495 Executive Campus Dr ity Westerville OH Sta' te OH 43082 Regi Interest Address 107 Ashbourne Rd ity Bexley Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-eithe individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] Il in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions form form form the contributions form form the contributions form form form the contributions form form the contribution of the contributions for this event to form the contribution of the contributions form form the contribution of the contributions form form the contribution of the contributions form form the contribution of the contrib	stration Number, if PAC
Westerville OH 43082 Che Full Name of Contributor James Bowman treet Address 107 Ashbourne Rd ity Bexley Sta tc OH Sta tc OH Sta tc OH A3082 Che Form O Che Bexley Regider Contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-eithe individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction abort organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] ill in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form of the contributor state" "Contributions from form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributor state" "Co	
James Bowman treet Address 107 Ashbourne Rd ity Bexley State Che Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-eithe individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction abor organization of which the employees are members, if any, must also appear. {R.C. 3517.10(B)(4)} ill in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form or the state of the contributions from form form the state of the contributions from form form the state of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form the contributions form form form the contributions form form form the contributions form form form the contribution of the contributions form form form form form the contribution of the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions form form form form form form form form	
107 Ashbourne Rd Sta tc Zip Code Form Bexley Sta tc Zip Code Che Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-eindividual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] Ill 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 form to the contributions from form to the contributions from form form to the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form to the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form to the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form form to the contributions form form form to the contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions form form form to the contribution form form form form form form form form	stration Number, if PAC
Bexley OH 43209 Che Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-ethe individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction abort organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] Ill 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 form form the state of the sevent to form No. 31-A. Under Full Name of Contributor state "Contributions from form form form form form form form	
he individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deducti abor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)] If in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form	
ansfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from for	mployed, the occupation and the name ion and exceed the aggregate of \$100,
	m No. 31-E" and list the date of the even
otal contributions this event Total expenditures this event.	