31-E R.C. 3517.10(B)

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

_	Event Dat	6/15/10	
	Page	25	

Prescribed by Secretary of State 03/0:

Employer/Occup		Registration Number, if PAC
Employer/Occup		Registration Number if PAC
Employer/Occup		
Employer/Occup		Transport transport to the transport to
	oation/Labor Organization*	M D Y Amount 0 6 1 0 1 0 \$35.00
Sta te	Zíp Code	Form (Cash, Check, etc.)
ОН	43220	Check
		Registration Number, if PAC
B I 10		M D Yi Amount
		0 6 1 0 1 0 \$1.00
Sta te	Zip Code	Form (Cash, Check, etc.)
UH	43016	EFT
		Registration Number, if PAC
Employer/Occupation/Labor Organization*		0 6 1 5 1 0 \$50.00
Sta te	Zip Code	Form (Cash, Check, etc.)
ОН	43147	Check
		Registration Number, if PAC
Employer/Occup	ation/Labor Organization*	M D Y Amount
8.1.	7.04	0 6 1 5 1 0 \$40.00
	2ip Code 43209	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
tt Damschroder Address Employer/Occupation/Labor Organization*		
		0 6 1 5 1 0 \$50.00
OH State	Zip Code 43209	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
Employer/Occupation/Labor Organization*		0 6 1 5 1 0 Amount \$40.00
Sta te OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Chris Mauer		
Employer/Occup	ation/Labor Organization*	M D Y Amount 0 6 1 5 1 0 \$40.00
	State OH Employer/Occup State OH Employer/Occup State OH Employer/Occup	Employer/Occupation/Labor Organization* Sta_te Zip Code OH 43147 Employer/Occupation/Labor Organization* Sta_te Zip Code OH 43209 Employer/Occupation/Labor Organization* Sta_te Zip Code OH 43209 Employer/Occupation/Labor Organization*