

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Jim Rade for Trustee			
Full Name of Contributor Sandra Kay Barlett		Registration Number, if PAC	
Street Address 2902 Annabelle Ct	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 50
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck 7662
Full Name of Contributor Joyce m Jan czak		Registration Number, if PAC	
Street Address 1221 Londonbupt Rd	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 200
City Grove City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck 3765
Full Name of Contributor Ricard D Paddock		Registration Number, if PAC	
Street Address 1213 Strongtown	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 100
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck 7544
Full Name of Contributor DONALD Rist		Registration Number, if PAC	
Street Address 2412 Gershwin Ave	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 40
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck 7390
Full Name of Contributor Steve Funk		Registration Number, if PAC	
Street Address 1283 Whitel Rd	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 100
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck
Full Name of Contributor Robert Hateley		Registration Number, if PAC	
Street Address 5797 Lookout Blvd	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 100
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck
Full Name of Contributor Eric Buckland		Registration Number, if PAC	
Street Address 4960 Lonsmead Dr	Employer/Occupation/Labor Organization*	M D Y 09 11 11	Amount 75
City Grave City	State Ohio	Zip Code 43123	Form (Cash, Check, etc.) ck

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, 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 in the date column

Total contributions this event

1265. /

Total expenditures this event.

3015 22 /

Page Total \$

665