Event Date	2007
Page 4	<del>_</del>

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

Prescribed by Secretary of State 8/95					
Name of Committee in Full		1- 1/	<u> </u>		
Citizens Committee fu Person	us Wi	Th 1	Nentul Ketuda	Registration number, if PAC	
	ECE-Mardi Gras Lunch Frend Raiser				
Street Address	Employe	/Occupa	tion/Labor Organization*	M D Y Amount	
2879 Johnston Road				032707 \$258.00	
City Columbus	Sta	te H	Zip Code 4321 <b>9</b>	Form (Cash, Check, etc.)	
Full Name of Contributor	٠	L	<u> </u>	Registration number, if PAC	
Bigg & 1 Lu Ser Compe titue	nt' Tu	nd l	Paicer		
	Employe	/Occupat	ion/Labor Organization*	M D Y Amount 0 3 2 7 0 7 1620,00	
2879 Johnstun Road	Str	te	Zip Code	0 3 2 7 0 7 1620.00	
Cus. Ohio	0	l-+	43219	Form (cash, check, cle.)	
Full Name of Contributor	ı	<u> </u>	<u> </u>	Registration number, if PAC	
ECE Spring Plant Sole	Te. ·		- n - h - C		
Street Address 2899 Johns trun Road	Employer	/Occupat	ion/Labor Organization*	0 4 1 7 0 7 4981.00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Eis,	0	H	43219	Cosh   Chochs	
Full Name of Contributor  Hagne hing Skills Center Fund Registration number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount					
Street Address	Employe	Occupat	tion/Labor Organization*	M D Y Amount	
4200 Bish				041707 383.50	
City <b>O</b>	1	te   <b>H</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		17	4311.5	Chech's Registration number, if PAC	
ECE Spring Plant Sule Street Address -	21	nang	Kuy Sule		
Street Address	Employe	/Occupat	ion/Labor Organization*	M D Y Amount	
Johnston Road		1	T7:- C- 1-	0 5 2 2 0 7 1172,50 Form (Cash, Check, etc.)	
City	O	14 te	Zip Code 43219	Cash / Chechs	
Full Name of Contributor	.]	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Registration number, if PAC	
ARC Jules Coulchook The	_	_			
Street Address	Employe	r/Occupa	tion/Labor Organization*	052207 816.92	
Marilyn Lane City Columbus	Sta	te	Zip Code	0 5 2 2 0 7 816.92 Form (Cash, Check, etc.)	
Columbus	0	H	43219	Check	
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4) Fill in the boxes below only on the last page for this event.  Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net 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	N	et Amou	nt		
minus	=				
	L			022100	
				Page Total \$ 9231.92	