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

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Event Date	10/20	107
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Page	. !	

Prescribed by Secretary of State 03/0:

Name of Committee in Full FRIENDS TO ELECT	PERK	CINZ					
Full Name of Contributor				Registration Number, if PAC			
Robert Weiler				T	1		
4 S. High St 1010	Employer/Occups K o A-	uion/Labor Organization*	50	10	0	1500.00	
City	Sta te	Zin Code		ash, Che			
Columbies OH 43215			Registration Number, if PAC				
FRANK CIPRIAND			Kegistr	ation Nu	mber, 11 F	AC	
Street Address	Employ embecupe	tion Labor Organization*	М	D	Y	Amount	
on a	Koal	ESTATE	10	8 (0/	\$500.00	
Street Address 39 WhittiER St City Colle rebus	Stailte OH	12.ip Code 143206	γ α πίζ	ash Che	3		
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber, if F	AC	
Street Address	Foods of Therese	tion/Labor Organization*	м	T D	ΙΥ	Amoust	
	Employ er/Occupa	RECEVERAGE OF COMMERCIAL CONTROL	"	-			
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)		
Full Name of Contributor	OH		Registr	ntion No	mber, if F	PAC	
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Stroet Address	Employer/Occups	nion/Labor Organization*	М	D	Y	Amount	
City	Sta te	Zip Code	Form (C	ash, Che	ch, etc.)		
Full Name of Contributor	OH			Registration Number, if PAC			
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Street Address	Employ er/Occupa	nion/Labor Organization*	М	D	Y	Amount	
City	Sta te OH	Zip Code	Form (C	ash. Che	ck, etc.)		
Full Name of Contributor			Registr	ntion Nu	mber, if F	PAC	
C A J J			M	T-5	ΤΥ	Amount	
Street Address	Employ er/Occupe	titist/Labor Organization*		D ;	'	Allocat	
City:	State OH	Zip Code	Form (C	Cash, Che	ck, etc.)		
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber, if F	PAC	
Street Address	Employ er/Occupa	nion/Labor Organization*	М	D	Y	Amoust	
City	State Zip Code		Form (Cash, Check, etc.)				
	OH		 	nlowd	the com	mation and the man of	
* Required for contributions from individuals over \$100 to states	ande and General Ass	sembly candidates. It contribt	not is self-em	hio) coʻ	uic occu	therion sim me ususe or	

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
\$100, 00
\$0.00

Total expenditures this event.

\$0.00

\$ 700.00 Page Total \$ \$0.00 31

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)]