Event Date	10/13/08
Page	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Prescribed by Secretary of State 3/05	
Jan German	
	Registration Number, if PAC
Employer/Occupation/Labor Organization	101308 100.00
State Zip Code O 14 4305	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organization	r* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organization	n* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organization	n* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organization	n* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organization	n* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Registration Number, if PAC
Employer/Occupation/Labor Organizati	n* M D Y Amount
State Zip Code	Form(Cash,Check,etc)
	Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code

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	Total expenditures this event	
100.00	104.25	Page Total \$

^{*} 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 appear. [R.C. 3517,10(B)(4)]