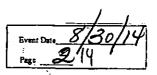
Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05			
Name of Constitute in Fell Committee for Chri Full Name of Constitutor	s Bro	wn for J	udae
Andy Beraman			Registration Number, if PAC
109 E. Second St	Employer/Occu	pation/Labor Organization*	Porm (Pash) Check, etc.)
Minster	04	45865	Form (Cash) Check, etc.)
Christopher Cooper			Registration Number, if FAC
286 Marjoran Dr.		ration/Labor Organization*	0830L4 100.00
Calcula A Full Humo of Contributor	Sta to	^{2ip Cod} 43230	Form (Cash Check, etc.)
Russell Childers			Registration Number, if PAC
33 Action Rd		ation/Lebor Organization*	083014 40.00
Full Name of Contributor	State	43214	Form (Cash, Choca, In.)
Street Address			Registration Number, if PAC
	Employer/Occupa	Hon/Labor Organization*	M D Y Amount
City Full Name of Contributor	Sta té	Zip Code	Form (Cash, Check, etc.)
			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sia te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization®	M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount
City .	Sta to	Zlp Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be listed abor organization of which the employees are members, if any, must			self-employed, the occupation and the name of eduction and exceed the aggregate of \$100, the
If in the boxes below only on the last page for this event. cansfer the Total contributions for this event to form No. 31-A. Under the date column			m form No. 31-E ⁴ and list the date of the event

Total contributions this event

Total expenditures this event.

Page Total S Z Z O. @