31-E R.C. 3517.10(B)

Event Date	
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Fleschoed by Se	ecretary of State 3/05	***************************************					
Name of Committee in Full	Ctoko							
The Committee to Elect Ron Full Name of Contributor	Registration Number, if PAC							
Ted Hood			Registra	iion rium	001, 11 1 2			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount		
8388 Lucerne Dr.	Employer	Employer/Occupation Labor Organization		D 1 9		B	100.00	
City	State	Zip Code		sh,Check				
Reynoldsburg	ОН	43068		Checl				
Full Name of Contributor		Registration Number, if PAC				Jakon Prosidenti i Company		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Checl	(,etc)			
Full Name of Contributor			Registra	tion Num	ber, if P	AC		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
				Normal Concessions				
Full Name of Contributor			Registra	tion Nun	ber, if P	AC		
				·				
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
					<u></u>	250 m - 15 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
					1 '07			
Full Name of Contributor			Registra	ition Nun	iber, if P	AC		
Language		· // / / / / / / / / /	М	T n	Lv	TA manuat		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		D	Y	Amount		
	Ctata	Zip Code	Form(C	ash,Chec	lr oto)			
City	State	Zip Code	Forme	asii,Ciicc	K,CiC)			
Full Name of Contributor			Registra	ition Nun	nher if P	PAC		
Full Name of Contributor			Kogisti	ition riun				
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Y	Amount		
Street Address	Employen Occi	ipation bases organization	М	D				
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
City			1	,				
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occi	pation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
•								
				aliano anno menerale	***************************************			
equired for contributions from individuals over \$100 to	statewide and general assembly ca	ndidates. If contributor is self-e	mployed, th	e occupat	tion and	the name of the		
vidual's business, if any, rather than employer should b		contribute via payroll deduction	and exceed	the aggr	egate of	\$100, the labor		
inization 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 e	vent.							
Transfer the Total contributions for this event to form	No. 31-A. Under Full Name of Co	ntributor state "Contributions fr	om form No	. 31-E" a	nd list th	e date of the ev	ent	
in the date column.								
made and describe	T-4-1	this avent			Γ			
Total contributions this event	Total expenditures	uns event			р	age Total \$	100.00	
					1 '		100.00	
	ı	1			1			