

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Uhrin for GC Council				
Full Name of Contributor Scott L. Perry			Registration Number, if PAC	
Street Address 3311 Summer Glen Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen J. Dover Baker			Registration Number, if PAC	
Street Address 5354 Thornhill Court	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph Palazzo			Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$15.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor John P. Matera			Registration Number, if PAC	
Street Address 6469 Portage Path Court	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$30.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maria C. McGraw			Registration Number, if PAC	
Street Address 2579 Scott Court	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Beverly R. Babbert			Registration Number, if PAC	
Street Address 3310 Kingston Avenue	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Yeou-Long Shyu			Registration Number, if PAC	
Street Address 1947 Stringtown Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 9	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 320.00