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

Event Date 9/1/11
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Prescribed by Secretary of State 03/0

N					
Name of Committee in Full  Abbott for Office					
Full Name of Contributor			Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·	
Robert Crombie	N/A				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
100 Main Street	N/A	ū	0 9 0 1 1 1 \$50.00	)	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Groveport	OH	43125	Check	3 2	
Full Name of Contributor	Registration Number, if PAC				
Fitmess Firm (non-incorporated)			N/A		
Street Address 19 E. Waterloo St.	Employer/Occup	ation/Labor Organization*	M D Y Amount	10	
City		2:- C-1-	0 9 0 1 1 1 \$250.0 Form (Cash, Check, etc.)	<i>\</i> U	
Canal Winchester	Stajte OH	Zip Code 43125	Check		
Full Name of Contributor	011	43123	Registration Number, if PAC	a di	
Kenneth A. Morley	N/A				
Street Address	Employer/Occurs	ation/Labor Organization*	M D Y <sub>I</sub> Amount		
6521 Lakeview Cirde	N/A	and balon organization	0 9 0 1 1 1 \$200.0	0	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Canal Winchester	OH	43110	Check		
Full Name of Contributor	Registration Number, if PAC				
Elaine L. Hartman			N/A		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
5714 Waterloo Road	N/A		0 9 0 1 1 1 \$250.0	)0	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Canal Winchester	OH	43110	Check		
Full Name of Contributor Rick E. Cattran	Registration Number, if PAC N/A				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
4490 Carroll Eastern Road	N/A		0 9 0 1 1 1 \$150.0	<i>1</i> 0	
City Carroll	OH	Zip Code 43112	Form (Cash, Check, etc.) Check		
Full Name of Contributor			Registration Number, if PAC		
James J. Johnson	N/A				
Street Address	1	ation/Labor Organization*	0 9 0 1 1 1 Amount \$150.00		
1494 Stringtown Road	N/A			Ü	
City Lancaster	Stai te OH	Zip Code 43130	Form (Cash, Check, etc.) Check	3. Se	
Full Name of Contributor T.J. Harper	Registration Number, if PAC				
Street Address	P 1 46				
7117 Rossman Ct.	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 9 0 1 1 1 \$101.0	0	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	200	
Canal Winchester	OH	43110	Check	, t , t ,	
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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

\$0.00

Total expenditures this event.

\$0.00

<sup>\*</sup> 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)]