31-E R.C. 3517.10(B)

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

Pr	rescribed by Secretary	of State 03/05	1 rea	J (0// C
Name of Committee in Full Kaw Pon, Edu			· · · · · · · · · · · · · · · · · · ·	
Randy Scott Whale	V 619	1-679-6408	Registration Number, if P	AČ
Street Address 1778 E. 23rd Ave	Employer/Occupation/Labor Organization*		10 30/2	Amount 50 -
City Columbus Ohro	Sta te	<sup>2ip Code</sup> 43229	Form Cash, Check, etc.)	
Marie of Contributor Na Toya Snead 278-7130			Registration Number, if P	AC
2094 Waymont Rd	Employer/Occupation/Labor Organization*		10 30 12	Amount 25 -
Columbus Ohra	Sta te	Zip Code 4 3229	Form (Cash, Check) etc.)	
Mendy Anderson MA	66	8-1913	Registration Number, if P	AC
1469 Cottingham Ct E.	Employer/Occupati	on/Labor Organization*	10 30 1Z	Amount /
Columbus, Ohio 43209	Sta te	Zip Code Oh	Form (Cash, Check) etc.)	
Larry Price / Charlotte !	rice	258-0243	Registration Number, if P	
1587 Franklin Park 5		on/Labor Organization* 258-4545	10 30 12	Amount.
Columbus, Ohio	Sta te	73205	Form (Cash Check etc.)	
Julia Carpenter - Hul	rin /F	malil	Registration Number, if P	
69 n. Ohio Are	Employer/Occupation	on/Labor Organization* - 00 7 0	10 30 12	Amount /00 -
Calumbus FM Name of Contributor	On	43203	Form (Cash, Check Jetc.)  2354  Registration Number, if P	N.
Street Address	vid		M D Y	Amount
City 1019 Conant Nr	State	on/Labor Organization* 2 - 8/32  Izin Code	10 30 12	50-
Columbus  Sell Name of Contributor	Oh	43229	553 Registration Number, if P	AC
Karheda De Shay Hano	Employa/Occupati	on/Labor Organization*	M, D Y	Amount ,
3937 Cracker Cove	Z N Signe	Zip Code	/0 30 /2 Form (Cash, Check etc.)	100-
Required for contributions from individuals over \$100 to statewide	and General Asser	mbly candidates. If contributor is	#274	pation and the name of
the individual's business, if any, rather than employer should be liste labor organization of which the employees are members, if any, mus	d. If two or more e	mployees contribute via payroll d	eduction and exceed the	aggregate of \$100, the
fill in the boxes below only on the last page for this event.  Fransfer the Total contributions for this event to form No. 31-A. Under the date column	er Full Name of Co	entributor state "Contributions fro	m form No. 31-E" and li	st the date of the event

otal contributions this event	Total expenditures this event.
	Page Total \$ 525