## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_	4/1/10
Page	Acceptance of Acceptance and Accepta

Name of Committee in Full				
Citizens To Retain Hood			Daniscock N. 1 100	DAC.
Full Name of Contributor  E. Scott Shaw	Registration Number, if I	AC		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
500 S. Front St., Ste. 130				\$25.00
Columbus	Stalte	Zip Code 43215	Form (Cash, Check, etc.)	
Columbus Full Name of Contributor	OH	TUL 1U	Registration Number, if I	PAC
Full Name of Contributor Samuel Shamansky			. cog.out.com (vamoor, fr	-
Street Address	Employer/Occurs	ation/Labor Organization*	0 3 1 7 1 0	Amount
511 S. High St.		Suproy on Societies and Significant		\$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
Full Name of Contributor			Registration Number, if	PAC
Robert Sanders		which the land of the land	M D Y	Amount
Street Address 7110 E. Livingston Ave.	Employer/Occup	Employer/Occupation/Labor Organization*		
City	Sta te	Zip Code	0 3 1 0 1 0 Form (Cash, Check, etc.)	'
Reynoldsburg	ОН	43068	check	
Full Name of Contributor	Land the second		Registration Number, if	PAC
Christopher Cicero				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y	Amount \$50.00
1308 W. Mound St.		Zin Cada	0 3 3 1 1 0 Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43223	check	
Full Name of Contributor	I UΠ	すひたとり	Registration Number, if	PAC
Dennis McNamara			Ç , u	
Street Address	Employer/Occup	oation/Labor Organization*	0 4 0 1 1 0	Amount
3966 Fairlington Dr.				
Columbus	State	Zip Code 43220	Form (Cash, Check, etc.)	
Columbus	OH	40ZZU		PAC
Full Name of Contributor Joseph Landusky			Registration Number, if	IAC
Street Address	Employar/Occur	oation/Labor Organization*	M D Y	Amount
901 S. High St.	Employer/Occut	on organization	0 4 0 1 1 0	\$200.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)	)
Columbus	OH	43206	cash	
Full Name of Contributor Robert Krapenc			Registration Number, if	
Street Address 601 S. High St.	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.	)
Columbus	OH	43215	cash	
			10	

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
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Total expenditures this event.

\$0.00	
ΨΟΙΟΟ	

<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)]