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

Event Date_	09-11-11
Page	

Name of Committee in Full I'm Pack for Trust	ee			
Full Name of Contributor Sandia L Larger	Registration Number, if PAC			
Street Address  3323 Parst	Employer/Occupation	on/Labor Organization*	MODIN	Amount 50
City Grove CCty	Sta te	Zip Code 431 23	Form (Cash, Check, etc.)	
Full Name of Contributor  Melissa J Albna	nt	<u>,                                     </u>	Registration Number, if P	AC
Street Address 4888 Mar Wing Light (+		on/Labor Organization*	M D Y Y O 4 1 1 1 1	Amount 50
Crave (Tly	Sta te	Zip Code 43183	Form (Cash, Check, etc.)	
Stephen Camphell			Registration Number, if P	AC
Street Address 5822 Look at Blist		on/Labor Organization*	M D Y 111 O O O O O O O O O O O O O O O O O	Amount 50
City Crose Cata	Sta te	Zip Code し け う は う	Form (Cash, Check, etc.)	
Full Name of Contributor  Performance Contribu	Registration Number, if F	AC		
Street Address 2402 Gershwin A	e	on/Labor Organization*	09111	Amount 50
city Grave Cety	Sta te ON10	Zip Code サタル	Form (Cash, Check, etc.)	
Full Name of Contributor  Michael G Monama			Registration Number, if F	PAC
4717 Mich dus Points	) (	on/Labor Organization*	M D Y	Amount
Grave Cety	Sta te .	Zip Code 45/33	Form (Cash, Check, etc.)	
PAMELA L Ratcliff -	OBrien	<b>○</b>	Registration Number, if F	
Street Addrèss 2715 aux Drive		on/Labor Organization*	091111	V V V
City Crave City	State	T3123	Form (Cash, Check, etc.)	
Full Name of Contributor Gregory ABarr			Registration Number, if I	
Street Address 10 Valley View Dr		on/Labor Organization*	Mallill	Amount 200
Bowling Green	Sta te	Zip Code 43402	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contributo	r is self-employed, the occu	ipation and the name of

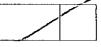
the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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	contri	bution	sthise	veni
	_/	<b>.</b>	l	

Total expenditures this event.



Page Total \$