Event Date	9/17/09_
Dogg	2
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	etary of State 3/05		
Name of Committee in Full	Taraliah			
The Committee to Elect Andrew	e Committee to Elect Andrew English			
Full Name of Contributor			Registration Number, if PAC	
Steve Hadden	Town Lawrence	ion/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupa	non/Lacor Organization	0 9 1 7 0 9	25.00
1536 Newcomer Rd.	Ctoto	Zip Code	Form(Cash,Check,etc)	
City	State H	43235	Cash	
Columbus		-20200	Registration Number, if PAC	
Full Name of Contributor				
Geof & Allison Hatcher	······································	tion/Labor Organization*	M D Y Amount	TANKE TO SERVICE THE PARTY OF T
Street Address	Employer/Occupa	HOII/Labor Organization	0 9 1 7 0 9	50.00
1013 Clubview Blvd. S.		I Ci - C - d -	Form(Cash,Check,etc)	
**City	State	Zip Code 43235	Check	
Columbus	OH	40400	Registration Number, if PAC	
Full Name of Contributor			Rogistiation I value 25, 12	
Paul Hedges			M D Y Amount	
Street Address	Employer/Occup	ation/Labor Organization*	0 9 1 7 0 9	25.00
1411 Clubview Blvd. N		and an experience of the second secon	Form(Cash,Check,etc)	200000
City	State	Zip Code	Check	
Columbus	O H	43235	Registration Number, if PAC	
Full Name of Contributor	W. W		Registration Number, it FAC	
Meredith Hoag			Amount	and a superior of the superior
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	40.00
1390 Oakbourne Dr.			0 9 1 7 0 9	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43235	Cash	
Full Name of Contributor			Registration Number, if PAC	
Edward & Katherine Kline				
Street Address	Employer/Occuj	oation/Labor Organization*	M D Y Amount	ma ac
1546 Clubview Blvd. S.			0 9 1 7 0 9	50.00
Santa and the sa	State	Zip Code	Form(Cash,Check,etc)	
City Columbus	- $ -$	43235	Check	
Full Name of Contributor			Registration Number, if PAC	
Lezlee LeVette	Employer/Occu	pation/Labor Organization*	M D Y Amount	an Mad 🚓
Street Address		•	0 9 1 7 0 9	25.00
1340 Clubview Blvd. N	State	Zip Code	Form(Cash,Check,etc)	
City	\cap H	43235	Check	
Columbus	and the second s		Registration Number, if PAC	
Full Name of Contributor			0000	
Ernest Neal	Employer/Occupation/Labor Organization*		M D Y Amount	The second secon
Street Address	Cinpidyei/ Cook	patroni	0 9 1 7 0 9	25.0
1472 Park Ridge Dr.	Chaha	Zip Code	Form(Cash,Check,etc)	
City	State		Check	
Columbus	0 H	- L 2020	CENCEN	

Fill in the	boxes	below	only on	the las	t page	for	this	event
		_						

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.

in the date column.		
Total contributions this event	Total expenditures this event	Page Total \$ <u>240.00</u>
880.00	0.00	

^{*} 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 appear. [R.C. 3517.10(B)(4)]