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

Event Date	2/14/11	
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SEDVICES	
	Registration Number, if PAC
\$25.00 EACH	regionation contact in the
Employer/Occupation/Labor Organiza	tion* M D Y Amount
	0 2 1 4 1 1 \$513.00
Starte Zip Code	Form (Cash, Check, etc.)
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	Employer/Occupation/Labor Organiza  Staf te Zip Code OH  Employer/Occupation/Labor Organiza  Staf te Zip Code

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		Total expenditures this event.
\$513.00	•	\$0.00

\$513.00 Page Total \$

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,  $[R.C.\,3517.10(B)(4)]$