| · | |
|------------|----------|
| Event Date | 04/19/09 |
| Page | <u> </u> |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | Prescribed by Secretary of State 3/03 | | | |
|---|---|--|--|--|
| Name of Committee in Full | ET RON STAKE | unadadi" , penadad | | |
| | - ROW SITTE | Registration Number, if PAC | | |
| Full Name of Contributor | | Aogistization Pannoci, n PAC | | |
| Patricia A. Basye | Employer/Occupation/Labor Organization* | M D Y Amount | | |
| Street Address 7471 Smith Field Ave | Employer/Occupation/Labor Organization* | 041909 30.00 | | |
| OF THE OMITATION FIVE | State Zip Code | Form(Cash,Check,etc) | | |
| Reynoldsburg | 0 H 43068 | CHECK | | |
| Full Name of Contributor | | Registration Number, if PAC | | |
| Terry O. Black | | A Committee of the Comm | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount | | |
| 340 Deer Trail Road | | 041909 50.00 | | |
| City | State Zip Code | Form(Cash,Check,etc) | | |
| Reynoldsburg | 0 H 43068 | CHECK | | |
| Full Name of Contributor | | Registration Number, if PAC | | |
| Timothy Dunn | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount 50.00 | | |
| 683 Mirandy Place | 0.4 | Form(Cash, Check, etc) | | |
| City | State Zip Code 43068 | CHECK | | |
| Reynolds burg | | Registration Number, if PAC | | |
| Full Name of Contributor Registration Number, if PAC Sally Cochran | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount | | |
| 1275 East Drive | | M D Y Amount 50.00 | | |
| City | State Zip Code | Form(Cash,Check,etc) | | |
| Reynoldsburg | 0 H 43068 | CHECK | | |
| Full Name of Contributor | | Registration Number, if PAC | | |
| Robert K. Burke | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount 50.00 | | |
| 1173 Addison Drive | | | | |
| City | State Zip Code | Form(Cash, Check, etc) | | |
| Keynoldsburg | 10 H 143068 | | | |
| Full Name of Contributor | | Registration Number, if PAC | | |
| Kenneth Hoover | Employer/Occupation/Labor Organization* | M D Y Amount | | |
| Street Address 8200 East Main Street | Embiohet/Occubation/pagot otdatisation. | 041909 50,00 | | |
| City | State Zip Code | Form(Cash,Check,etc) | | |
| Keynoldsburg | 0 H 43068 | CHECK MAN | | |
| Full Name of Contributor | | Registration Number, if PAC | | |
| Robert L. McPherson | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount 50.00 | | |
| 1595 Palmer Road S.W. | | and the second s | | |
| City | State Zip Code | Form(Cash, Check, etc) CHECK | | |
| Keynobsburg | 0 14 43068 | CHECK | | |
| | | | | |

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 No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event |
|--------------------------------|-------------------------------|
| 140000 | |

^{*} 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)]