Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 5/26/10	
Page 2	

Prescribed by Secretary of State 03/05

Name of Committee in Full				
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Full Name of Contillurar			Registration Number, if PAC	
Full Name of Contributor				
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Full Name of Contributor		10.00 (10	Registration Number, if PAC	-
Street Address	Employer/Occupation/L	Labor Organization*	M D Y Amount	
City	Sta te Zij	ip Code	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewing	ide and General Assembi	ly candidates. If contributor i	s self-employed, the occupation as	nd the name of

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

00

Total expenditures this event.

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)]