3	1-	E			
R	C.	351	7.1	0(B)

Event Date 5-13-10	
Page	

Page Total \$ 5,175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of	State 3/05				
		Registrat	tion Num	ber, if PA	AC
Employer/Occupation/Lab	or Organization*	M	D	Y	Amount
State Zip Cod	e	Form(Ca	ish,Check	t,etc)	
		Registrat	tion Num	ber, if PA	AC
Employer/Occupation/Lab	or Organization*	M	D	Y	Amount
State Zip Cod	е	Form(Ca	ish,Check	c,etc)	
	Digitarga kitari karani kurama karani katu da karani katiki karani katiki ka ya kita da katani k	Registrat	tion Num	ber, if PA	AC
Employer/Occupation/Lab	or Organization*	М	D	Y	Amount
State Zip Cod	e	Form(Ca	ish,Check	c,etc)	
		Registra	tion Num	ber, if Pa	AC .
Employer/Occupation/Lab	or Organization*	М	D	Y	Amount
State Zip Coo	le	Form(Ca	ash,Checl	k,etc)	
		Registra	tion Num	ber, if Pa	AC
Employer/Occupation/Lab	or Organization*	М	D	Y	Amount
State Zip Coo	le	Form(Ca	ash,Checl	k,etc)	
		Registra	ition Nun	ber, if P.	AC
Employer/Occupation/Lab	or Organization*	М	D	Y	Amount
State Zip Coo	le	Form(C	ash,Chec	k,etc)	
		Registra	ition Nun	nber, if P	AC
Employer/Occupation/Lab	or Organization*	M	D	Y	Amount
State Zip Co	le	Form(C	ash,Chec	k,etc)	
	Employer/Occupation/Labo State Zip Cod State Zip Cod State Zip Cod Employer/Occupation/Labo State Zip Cod	Employer/Occupation/Labor Organization* State Zip Code	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* M	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	Registration Number, if P/ Employer/Occupation/Labor Organization* State Zip Code Form(Cash, Check, etc) Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* Registration Number, if P/ Employer/Occupation/Labor Organization* State Zip Code Form(Cash, Check, etc) Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* Registration Number, if P/ Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash, Check, etc) Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y Employer/Occupation/Labor Organization* Registration Number, if P/ Employer/Occupation/Labor Organization* M D Y

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	
5.175.00	2.617.39	<u> </u>

^{*} 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)]