

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Printer for Council				Registration Number, if PAC	
Full Name of Contributor Sloane Kates				M D Y Amount	
Street Address 4211 Pollard Place Dr.		Employer/Occupation/Labor Organization*		030311 40	
City Hilliand		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathleen Williamson				Registration Number, if PAC	
Street Address 6644 Pollard Place Drive		Employer/Occupation/Labor Organization*		M D Y Amount	
City Hilliand		State OH	Zip Code 43026	030311 30	
City Hilliand		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicole Rager				Registration Number, if PAC	
Street Address 3568 Nightspring Ct.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Hilliand		State OH	Zip Code 43026	030311 40	
City Hilliand		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nutlie Printer				Registration Number, if PAC	
Street Address 415 Indiana Ave		Employer/Occupation/Labor Organization*		M D Y Amount	
City Sandusky		State OH	Zip Code 44870	030311 50	
City Sandusky		State OH	Zip Code 44870	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dawn Printer				Registration Number, if PAC	
Street Address 415 Indiana Ave		Employer/Occupation/Labor Organization*		M D Y Amount	
City Sandusky		State OH	Zip Code 44870	030311 50	
City Sandusky		State OH	Zip Code 44870	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens to Elect Tim Roberts				Registration Number, if PAC	
Street Address 5307 Franklin St		Employer/Occupation/Labor Organization*		M D Y Amount	
City Hilliand		State OH	Zip Code 43026	030311 100	
City Hilliand		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Blankenship				Registration Number, if PAC	
Street Address 5216 Beryl St.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Hilliand		State OH	Zip Code 43026	030311 300	
City Hilliand		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	

* 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 also appear. [R.C. 3517.10(B)(4)]

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

1,370 00

Total expenditures this event.

1 00

Page Total \$

610