Event Date	9/19/07
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Registration Number, if PAC Employer/Occupation/Labor Organization* Zin Carla Employer/Occupation/Labor Organization® Rd Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Number, if PAC Employer/Occupation/Labor Organization* City Employer/Occupation/Labor Organization* Zip Code State Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address Zip Code Form(Cash,Check,etc) City nell san A. I. d. Ý 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)] 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. Page Total \$ 2/5.00 Total expenditures this event Total contributions this event