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

Event Date	02-06-2010
Page	<u>′ </u>

r	rescribed by Secretar	y of State 03/03		
Name of Committee in Full				
Full Name of Contributor	1		Registration Number, if PAC	ㅓ
Katie & Steve Wu	incel			
Street Address		ion/Labor Organization*	M D Y Amount	オ
3759 Washburn St.		-	0/2 0/6/1/5/100:00	- 1
City	State	Zip Code	Form (Cash, Check etc.)	
Whitehall	104	145215		
Full Name of Contributor	•		Registration Number, if PAC	П
	JAMES A Flesch			_
Street Address	Employer/Occupat	ion/Labor Organization*	$\begin{vmatrix} 1 \\ 2 \end{vmatrix} \begin{vmatrix} 1 \\ 6 \end{vmatrix} \begin{vmatrix} 1 \\ 1 \end{vmatrix} \leq \frac{\text{Amount}}{50} \alpha$	2
L 686 Westphal	State 9	Trin Code	Form (Casa, Check, etc.)	
in ush telas (1'	1 04	Zip Code 43212	Total Cases, calced, etc.)	
Full Name of Contributor	1 0 11	1 (30(1)	Registration Number, if PAC	
Chearl Thanker	3			
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
422 MANIC JOAN AVAL	NEAZ	-	101210121151 500	
City 1 15 Lyb - 1	Sia te	Zip Code	Form (Cash, Check etc.)	
WOITERALL_	04	43215		E
Full Name of Contributor		<u>-</u>	Registration Number, if PAC	
Ala Inia Ugis				
Street Address 4563 St Franks W	Employer/Occupat	ion/Labor Organization*	10h 107 112 Amount	
	Siz 15	1/K/ 7/m//VI)	Form (Car Check) etc.)	•
City What Wholl	l 151h_	13213	7709	
Full Name of Contributor	<u> </u>	1111	Registration Number, if PAC	
Sendya John KUNZ				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
239 FAMWAY Blud			020615/00.00)
City 1/1/1/1/1/	Sta te	Zip Code	Form (Cash Check tc.)	
Whitehole,	107	43213		
Full Name of Contributor			Registration Number, if PAC	
Bob + Margi Junica	Ta		M D Y Amount	_
(031 Callengwood abc.	Employer/Occupat	ion/Labor Organization*	020615 75,60	
City .	Sta te	Zip Code	Form (Cast, Check, etc.)	
Whitehall OH 432/3	04	43213		
Full Name of Contributor	1 0 /-		Registration Number, if PAC	
mike & sherry Frown		•]	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
5065 Breenwood Ct		<u> </u>	020615 30,00	
City DO'L DO	Sta te	Zip Code	Form (Cast), Check etc.)	
	10m	43213	CX	Ĺ
* Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be list	e and General Asso	embly candidates. If contributor i	is self-employed, the occupation and the name deduction and exceed the aggregate of \$100	of the
labor organization of which the employees are members, if any, mu	st also appear. [R.6	C. 3517.10(B)(4)]	are aggregate of \$100,	
· ·				
Fill in the hoves 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 Collettonnons	mis event
180 K	00

Total expenditures this event.