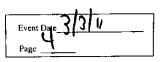
## **Statement of Contributions Received** at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

Vinty to Consid	<del>-</del>	<del></del>	Registration	Number, if PAC	
Il Name of Contributor Toh ~ Litle				<del></del>	
4547 High Free Pike	Employer/Occupation/Labor Organization*  Fluidir Cty Prosoch		6 3 G	1	)
Lest Afferson	OH State	45142	Cert	Check, etc.)  Number, if PAC	
Il Name of Contributor  Ten Craft			ixegistration		
er Address Pollard Place	Samb2	ation/Labor Organization*	1 1 -	Amount U	3
Hilliand	Olf	Zip Code 43626	Cont	n Number, if PAC	
Hilliand Whame of Contributor Conchine Technology Techn			Registration		
5696 Breakenhurst Rd	I Fo M.	ntion/Labor Organization*	039	Check, etc.)	Ó
1) +: 11: mad	OH State	13026	Cash		
ull Name of Contributor			Kegistratio	n Number, if PAC	
5W3 Gold field Driv	Employer/Occupation/Labor Organization*		<b>O</b> 3	J3 I 1 3	
Hilli Ard	OVA State	U3026	Cest	, Check, etc.)	1.5
ull Name of Contributor			Registratio	on Number, if PAC	
reet Address	Employer/Occup	ation/Labor Organization*	M	D Y Amoun	i
ity	Sta te	Zip Code	Form (Cas	h, Check, etc.)	
ruli Name of Contributor	<u> </u>		Registrati	on Number, if PAC	
treet Address	Employer/Occupation/Labor Organization*		M	D Y Amoun	it
City	Sta te	Zip Code	Form (Cas	h, Check, etc.)	
Full Name of Contributor			Registrati	on Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D Y Amour	nt
City	Sta to	Zip Code	Form (Car	sh, Check, etc.)	

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					
1,320	00				

Total expenditures this event.

Γ	 ~
1	

Page Total \$	140

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]