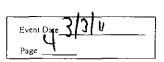
31-E R.C. 3517.10(B)

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



Promittee in Full for Connect			
Name of Contributor Toha Little			Registration Number, if PAC
1547 High Free Pike	Employer/Occupation/Labor Organization		6 3 63 11 36
est Allerson	OH State	45142	Form (Cash, Check, etc.)
Name of Contributor			Registration Number, if PAC
Address	Employer/Occupation/Labor Organization		M 3 D 3 Y Amount 40
176 Pollerd Plac	State Zip Code		Form (Cash, Check, etc.)
Filliand	O//	43626	Registration Number, if PAC
Name of Contributor Conow			Registration Number, it FAC
5696 Breakenhurst Rd	Fr   11.	tion/Labor Organization*	O S O 3 I Amount
It; 11; and	Sta te	43026	Fonn (Cash, Check, etc.)
Name of Contributor			Registration Number, if PAC
SLJ3 Gold field Die	Employer/Occupation/Labor Organization*		M 3 C 3 I 1 Amount 3C
1+; 11; Apl	OV4	Zip Code 43016	Form (Cash, Check, etc.)
Name of Contributor			Registration Number, if PAC
et Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
	Sta te	Zip Code	Form (Cash, Check, etc.)
Name of Contributor			Registration Number, if PAC
et Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
	Sta te	Zip Code	Form (Cash, Check, etc.)
Name of Contributor			Registration Number, if PAC
et Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
	1	Zip Code	Form (Cash, 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 No. 31-E" and list the date of the event

in the date column Total expenditures this event. Total contributions this event

Page Total \$