31-E R.C. 3517.10(B)

Event Date	3/11/09
Page	2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secreta	ary of State 3/05		
Name of Committee in Full		arta di Mind Bolinar ro _{gen} om			
KAMBON.EDU					Validation to the state of the
Full Name of Contributor				Registration Number, if PAC	
DONALD BLEACH	<u> </u>		α 1 · ο	M D W	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 0 7 0 9	250.00
191 W NATIONWIDE BLVD		12.	in Code	0 3 0 7 0 9 Form(Cash,Check,etc)	250.00
COLLIMBIC	State	H	ip Code 43215	CHECK	
COLUMBUS Full Name of Contributor		L L	TULLU	Registration Number, if PAC	
SAUNDRA L BROADNAX					
Street Address	Employer/Oc	cupatio	on/Labor Organization*	M D Y Amount	
342 RHOADS AVE		Employ on Cocupation Sagarination		0 3 1 1 0 9	100.00
City	State	Zi	ip Code	Form(Cash,Check,etc)	
COLUMBUS	$O \perp I$	H	43205	CHECK	
Full Name of Contributor	N. A. C.			Registration Number, if PAC	
ERIC D CARMICHAEL					·····
Street Address	Employer/O	Employer/Occupation/Labor Organization*		M D Y Amount	400.00
1299 BROOKWOOD PL				0 3 1 1 0 9	100.00
City	State		Cip Code	Form(Cash,Check,etc)	
COLUMBUS		H	43209	Registration Number, if PAC	
Full Name of Contributor				Regionation Number, II FAC	
HEARCEL CRAIG	Employe-/0	comoti-	on/Labor Organization*	M D Y Amount	
Street Address	Employer/O	ooupalic	ompaoor Organization	0 3 1 1 0 9	25.00
550 E WALNUT ST	State	7	Lip Code	Form(Cash,Check,etc)	20.00
city COLUMBUS	i	H^{\prime}	43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
KIMBERLY COCROFT					
Street Address	Employer/O	Employer/Occupation/Labor Organization*		M D Y Amount	
988 WELLINGTON BLVD				0 3 1 1 0 9	20.00
City	State	- 1	Zip Code	Form(Cash,Check,etc)	
COLUMBUS		$H \mid$	43219	CHECK	
Full Name of Contributor				Registration Number, if PAC	
MARCIA L CONLEY			7.3.0	M 27 77 1	
Street Address	Employer/O	Employer/Occupation/Labor Organization*		M D Y Amount	20.00
3443 PINE WAY		C() 7: C 1		0 3 0 9 0 9 Form(Cash,Check,etc)	20.00
City DOMELI	State	H	Zip Code 43065	CHECK	
POWELL Full Name of Contributor	IO	11	せいひい	Registration Number, if PAC	
Full Name of Contributor DALONDAS HAMPTON				Togothanon, 11110	
RALONDA S HAMPTON Street Address	Employer/O	ocupatio	ion/Labor Organization*	M D Y Amount	
5234 RICHEY LN	Zimpioyone	mpani		0 3 1 1 0 9	20.00
City	State	Z	Zip Code	Form(Cash,Check,etc)	
COLUMBUS		H	43213	CHECK	
				to the second	

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 contributions this event	Total expenditures this event	***************************************	
		Page Total \$ 535.0	00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupation and 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)]