Event Date	9/24
Page	23

Statement of Contributions Received at a Social or Fundraising Event

State		Prescribed by Secret	ary of State 3/05			· <u> </u>
Fall Name of Contributor State Zip Code State Zip Code Check Che						
Bill Fledrick						
			Registration Number, if PAC			
State				1, 1, 5, 1	V	
State		Employer/Occupatio	Employer/Occupation/Labor Organization*			25.00
Columbus	· · · · · · · · · · · · · · · · · · ·	9	i- (1-1-			25.00
Full Name of Contributor Terri Daughtery T	_		•			
Terri Daughtery Street Address Employer/Occupation/Labor Organization* N			4321.0		_	
State Contributor Contri					,	
Suste		Employer/Occupation	Employer/Occupation/Labor Organization*		Y Amount	
State Zip Code Form(Cash,Check,cte) Check			S. S		1 0	25.00
Full Name of Contributor Registration Number, if PAC	·	State Z	ip Code	Form(Cash,Check,		
Richanne Zymkoski Employer/Occupation/Labor Organization* M	Dublin	OHL	43016	Check		
Street Address	Full Name of Contributor			Registration Number	istration Number, if PAC	
2128 Poplan St	Richanne Zymkoski					
State		Employer/Occupation	on/Labor Organization*	ł I I		400.00
Columbus						100.00
Full Name of Contributor Joe Nas	-					
Joe Nas Street Address Employer/Occupation/Labor Organization* O 9 2 4 1 0 100		<u> </u>	4320/			
Street Address Street Address State Columbus				Registration Number	а, и гас	
State Zip Code Form(Cash,Check,ete) Check		Employer/Occupation	nn/Labor Omanization*	MIDI	Y Amount	
City Columbus Full Name of Contributor Matt Zeno Street Address State City Columbus City Columbus Full Name of Contributor Street Address City Columbus Full Name of Contributor Registration Number, if PAC State City Columbus Full Name of Contributor Rick Ketcham Street Address Street Address Employer/Occupation/Labor Organization* M D Y Amount Check Registration Number, if PAC State City Columbus Full Name of Contributor Rick Ketcham Street Address Employer/Occupation/Labor Organization* O 9 2 4 1 0 To 9		Employer/Occupant	ne Lacos Organization	1 1 1	4	100.00
Columbus		State Z	io Code			1.00.00
Registration Number, if PAC		1	-			
Street Address Employer/Occupation/Labor Organization*						
328 W 2nd St	Matt Zeno					
City Columbus State City Columbus City Columbus Full Name of Contributor Street Address City Columbus Full Name of Contributor Toty Columbus Full Name of Contributor City Columbus Full Name of Contributor State City Columbus Full Name of Contributor Jeffery Lewis Street Address Toty City State Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Toty Columbus Full Name of Contributor Street Address Full Name of Contributor Street Address Toty Check Form(Cash,Check,etc) O 9 2 4 1 0 150 Toty Check Check Check		Employer/Occupation	Employer/Occupation/Labor Organization*		Y Amount	
Columbus Full Name of Contributor Rick Ketcham Street Address 755 S High St City Columbus Full Name of Contributor Bemployer/Occupation/Labor Organization* State State	328 W 2nd St					50.00
Registration Number, if PAC	•	1 1	-		4 44	
Rick Ketcham Street Address Employer/Occupation/Labor Organization* M D Y Amount		OH	43201	2.0		
Street Address				Registration Numb	er, if PAC	
755 S High St			# 1 A	1, 1, 5, 1	77	
State Zip Code Form(Cash, Check, etc)		Employer/Occupation	on/Labor Organization*	3 I I		75.00
Columbus O H 43206 Check Full Name of Contributor Registration Number, if PAC Jeffery Lewis Street Address Employer/Occupation/Labor Organization* M D Y Amount 150 E Mound St 0 9 2 4 1 0 150 City State Zip Code Form(Cash.Check, etc) Check Check Columbus O H 43215 Check Check		State 17	in Code			73.00
Full Name of Contributor Jeffery Lewis	I	l i	•			
Street Address		10 11	30200			· •
Street Address Employer/Occupation/Labor Organization* M D Y Amount 150 E Mound St 0 9 2 4 1 0 150 City State Zip Code Form(Cash.Check,etc) Columbus O H 43215 Check					•	
150 E Mound St		Employer/Occupation	Employer/Occupation/Labor Organization*		Y Amount	
City State Zip Code Form(Cash.Check,etc) Columbus O H 43215 Check	150 E Mound St		-	0 9 2 4	1 0	150.00
Columbus O H 43215 Check		State 7	ip Code			
		O H	43215	Check	- Applegation - American	
equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the vidual'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						

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

Total contributions this event	Total expenditures this event	
		Page Total \$525.00_

^{*} R organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]