31-E R.C. 3517.10(8)

Event Date	07.11.05
Event bate	07-14-05
Page	13

Statement of Contributions Received at a Social or Fundraising Event

	cretary of State 02/01					
uff Name of Contributor LISA K, ZELLNER				Registration Number, if PAC		
Employer/On	Cupation/Labor Organizations			- ₁		
	ent-over/ occupation/ Labor Organization*				50.00	
State	Zip Code				50.0	
OH	43202					
		Registration N	umber, if	PAC		
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State	Zip Code	Form(Cash,Ch	eck,etc)			
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State	Zip Code	Form(Cash,Che	ck,etc)			
		Registration No	imber, if	PAC		
Employer/Occi	Employer/Occupation/Labor Organization*		T Y	Amount		
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State	Zip Code	Form(Cash,Chec	k,etc)		_	
	<u> </u>	Registration Nu	nber, if P	AC		
Employer/Occur	Employer/Occupation/Labor Organization*		Y	Amount		
State	Zip Code	Form(Cash,Chec	k,etc)			
	Employer/Occ State Employer/Occ State Employer/Occ State Employer/Occ State Employer/Occu	Employer/Occupation/Labor Organization* State Zip Code	Employer/Occupation/Labor Organization* M D D D D D D D D D D D D D D D D D D	Employer/Occupation/Labor Organization* State Zip Code Form(Cash,Check,etc) CHECK Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y State Zip Code Form(Cash,Check,etc) Registration Number, if Employer/Occupation/Labor Organization* M D Y	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	

Fill in the l	boxes below	only on t	he last page	for this event.
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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	Total expenditures this event		
		Page Total \$	50.00
<u> </u>			

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