Event Date	10/15/09
Page	2

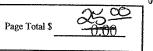
Statement of Contributions Received at a Social or Fundraising Event

	Prescribe	d by Se	cretary of State 3/05	-					
Name of Committee in Fall WOOD TOR Sohm	Bo	ar	d		24.5		(Available)		
Full Name of Contributor Philip Aller	<u> </u>			Registr	ation No	mber,	if PA	ΛC	
371 Cumberland Driv	Employer	/Оссир	ation/Labor Organization*	10	D C		γ 19	Amount S 300	
Whitehall	Sta	H	Zip Code 43213	Form(C	ash,Che	ck,etc)	100 mg/m	
Full Name of Contributor						Registration Number, if PAC			
Street Address	Employer	Оссира	ation/Labor Organization*	М	D	7	<i>r</i>	Amount	
City	Stat	te	Zip Code	Form(C	ash,Che	ck,etc))		
Full Name of Contributor						Registration Number, if PAC			
Street Address	Employer/	Employer/Occupation/Labor Organization*			D	7	r 	Amount	
City	Stat	e	Zip Code	Form(C	ash,Che	ck,etc)	·		
Full Name of Contributor				Registra	ition Nu	mber, i	f PA	C	
Street Address	Employer/	Employer/Occupation/Labor Organization*		M	D	Y		Amount	
City	State	e	Zip Code	Form(C	ash,Che	ck,etc)			
Full Name of Contributor	distriction of the second			Registra	tion Nu	nber, i	f PA	C	
Street Address	Employer/Occupation/Labor Organization*			M	D	Y		Amount	
City	Ştate	•	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor				Registra	tion Nu	nber, i	f PA	C	
Street Address	Employer/Occupation/Labor Organization*			М	D	Y		Amount	
City	State		Zip Code	Form(Ca	sh,Chec	k,etc)		and the second	
Full Name of Contributor		Territoria de la constanta de		Registration Number, if PAC					
Street Address	Employer/C	Employer/Occupation/Labor Organization*			D	Y		Amount	
City	State		Zip Code	Form(Ca	sh,Chec	k,etc)			
				1	***************************************	Name of Street, or other Desired			

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 c	yntribution	s this event	
4	54	66	



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