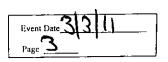
Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

	<u> </u>			
PK, nter toy Corneil				
ull Name of Contributor			Registration Number, if PAC	
3412 Smilens Corner	Employer/Occupatio	n/Labor Organization*	030311 Augunt	
in Itilliand	O) Fia te	2in Coids 1300 6	Form (Cash, Check, etc.)	
W Name of Contributor			Registration Number, if PAC	
Thamus Cash de la	Employer/Occupation	Sm. H, LLP	M S O S I I Amount	
3383 Colly Branching	O/Sta to	Zip Code 4304	Form (Cash, Check, etc.)	
full Name of Contributor			Registration Number, if PAC	
Ken Helen-Stein rect Address		on/Labor Organization*	M D Y Amount	
3337 Siero Glen D	Cano	Zip Code 4302 6	Form (Cash, Check, etc.)	
H. Manc of Contributor	0.	42010	Registration Number, if PAC	
Poter Lupiba	Employer/Occupati	on/Labor Organization*	M 3 D 3 Y Amount	
#2.1730 King Ave, Unit D	Old State	Zip Code	Form (Cash, Check, etc.)	
Columbia	Oct	42717	Registration Number, if PAC	
Dane 1 Harlins	E-ployard Occupant	ion/Labor Organization*	M D Y Amount	
Greet Address Lawson Div	Frankla	Ct Presento	0 3 0 3 1 / SO)
Westerville	Offe	43081	Registration Number, if PAC	•
Mill Name of Contributor Story			M D Y Amount	
4200 Deblin Rd	Employer/Occupa	tion/Labor Organization*	037811 30	
City columbus	Sta te	Zip Code 43221	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	,
Stree Address Pollard Place Dr	Employer/Occupa	ation/Labor Organization*	OS OSII SO	
Cipl. Ilian I	Sta te	Zip Code 43026	Form (Cash, Check, etc.)	
Required for contributions from individuals over \$100 to statewing	1 I Countal Ac	cambly candidates. If contributor	is self-employed, the occupation an	d the name te of \$100,

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 th	น่ร	event
------------------------	-----	-------

1,370	00
-------	----

Total expenditures this event.

	1
ι·	<u> </u>

Page Total \$

the individual's business, if any, rather than employer should be listed. If two or more employees contribut labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]