Event Date	4/21/11	
Page 2		

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

Prescribed by Secretary of State 03/05

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		Registration Number, if PAC	
Full Name of Contributor Thomas F Hayes			
Employer/Occupa	tion/Labor Organization*	M D Y ₁ Amount	
- Inprojenoccupa	20001 Organization	0 4 2 1 1 1 \$125.00	
Sta te	Zip Code	Form (Cash, Check, etc.)	
ОН	43215	Check	
•		Registration Number, if PAC	
Employer/Occupa	tion/Labor Organization*	M D Y Amount	
		0 4 2 1 1 1 \$100.00	
	1 '	Form (Cash, Check, etc.) Check	
l Ou	43215	Registration Number, if PAC	
Full Name of Contributor Cynthia A Herriott			
Employer/Occups	tion/Labor Organization*	M D Y Amount	
Employer/Occupation/Labor Organization*		0 4 2 1 1 1 \$25.00	
Sta, te	Zip Code	Form (Cash, Check, etc.)	
OH	43140	Check	
		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y Amount	
	T7:- C-4-	0 4 2 1 1 1 \$75.00	
'	1 -	Form (Cash, Check, etc.) Check	
LOU	40210	Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y Amount	
		0 4 2 1 1 1 \$150.00	
Sta' te	Zip Code 43215	Form (Cash, Check, etc.) Check	
Un	70213	Registration Number, if PAC	
		Registration Number, II PAC	
Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 1 1 1 \$75.00	
		<u> </u>	
OH Sta`te	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph R Landusky II			
Employer/Occupa	tion/Labor Organization*	M D Y Amount	
	-	0 4 2 1 1 1 \$575.00	
Sta te	Zip Code	Form (Cash, Check, etc.)	
OH	43206	Check	
	Employer/Occupa Sta te OH Employer/Occupa Sta te OH Employer/Occupa Sta te OH Employer/Occupa Sta te OH Employer/Occupa	Employer/Occupation/Labor Organization* State Zip Code A3215 Employer/Occupation/Labor Organization* State Zip Code A3140 Employer/Occupation/Labor Organization* State Zip Code A3140 Employer/Occupation/Labor Organization* State Zip Code A3215 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code A3215 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code A3215 Employer/Occupation/Labor Organization* State Zip Code A3215	

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 contributions	this event
\$0.	00

Total expenditures this event.

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\$0.00
• .

^{*} 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 also appear. [R.C. 3517.10(B)(4)]