Event Date	9/12/09
Page	1

Statement of Contributions Received at a Social or Fundraising Event

City Full Name of Contributor Frances Rembert	State	zip Code Zip Code pation/Labor Organization* Zip Code	Form(Ca Registrat M 0 8 Form(Ca	D 1 2 sh,Check,	$\begin{pmatrix} Y \\ 0 \mid 9 \end{pmatrix}$ etc) er, if PAC	Amount	40.00	
Full Name of Contributor Thresea Bland Street Address City Full Name of Contributor Frances Rembert Street Address En City Full Name of Contributor Frances Rembert	State	Zip Code pation/Labor Organization*	M 0 9 Form(Ca Registrat M 0 8 Form(Ca	D 1 2 sh,Check, Check ion Numb D 2 1	$\begin{pmatrix} Y \\ 0 \mid 9 \end{pmatrix}$ etc) er, if PAC	Amount		
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Full Name of Contributor Frances Rembert Street Address City Full Name of Contributor			Registrat M 0 8 Form(Ca	on Numb	er, if PAC Y 0 9		25.00	
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Full Name of Contributor	State	Zip Code	Form(Ca				25.00	
Full Name of Contributor	State	Zip Code		sh,Check	etc)			
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l Camerine wheeler			Registra	1011 1 (0111)	,01, 11 1 1 1	_		
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Full Name of Contributor	the state of the s		Registra	tion Numl	oer, if PA	C		
Gilda J. Battle Taylor								
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	01	12. C-1-	0 9	U 5 ish,Check	0 9		100.00	
City	State	Zip Code		Checl				
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Tamara Minter					•			
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City	State	Zip Code		ish,Check				
				Check Registration Number, if PAC				
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In	1/()0000	pation/Labor Organization*	M	D	Y	Amount		
Street Address E	mpioyer/Occu	pation/Labor Organization	IVI			T SHOUNT		
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						,		
Street Address E	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
					<u> </u>			
City	State Zip Code		Form(Cash,Check,etc)					

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	Total expenditures this event	
		Page Total \$240.00
1.090.00	0.00	

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