## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date 10/13/09	
Page	3''	

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Name of Committee in Full  Trionds to Flect Pe	- L. mo		COMMUNICATION		
	i falla		Registration Number, if PAC		
Full Name of Contributor			and the second s		
Jacquely Wise			M D Y Amount		
	Employer/Occupation	on/Labor Organization*	101209 300		
2899 Drisden St	S. I.	[7:- C-1-	Form (Cash, Check, etc.)		
City	Sta te	Zip Code	Check of the control		
Collendaes	ОН	43224	Registration Number, if PAC		
Full Name of Contributor			Registration Number, 11 1740		
Names 10000			M D Y Amount		
Street Address	Employer/Occupati	on/Labor Organization*	1 1 1 3 N Q 50 A		
1693 Sparton Dr		Ta: 0.1	Form (Cash, Check, etc.)		
City	Sta te	Zip Code 43209	rom (casi, cick, etc.)		
Collenbus	OH		Registration Number, if PAC		
Full Name of Contributor			registration runner, it fac		
Kise Enterprise	,		M D Y Amount		
Street Address	Employer/Occupati	ion/Labor Organization*	57.40		
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City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Collenbus	OH	<u>  4393/</u>	C 54011		
Full Name of Contributor			Registration Number, if PAC		
Charlotte Cort					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount		
tche Kol			HOHISION JO		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Collegables	OH	43730	Cash		
Full Name of Contributor			Registration Number, if PAC		
Marchelle Young					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
	ОН		Cash		
Full Name of Contributor			Registration Number, if PAC		
Shirley Alexander- Jo	712s				
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount		
			101309 250		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
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Full Name of Contributor			Registration Number, if PAC		
Street Address  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  1 4 50 0					
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
5580 Fcha ld			1 0 1 3 09 50 0		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	ОН	43230	Cheok		
* Required for contributions from individuals over \$100 to statewide	e and General Ass	sembly candidates. If contrib	utor is self-employed, the occupation and the name of		

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		
\$6.00		

Total expenditures this event.

\$6.00	
T	

	\$305·49
Page Total \$	

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)]