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

Event Date_	9.18.2011
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ull Name of Contributor		- i	Registration Number, if PAC
Mel Donahue			Registration Number, it FAC
257 Old Coach Pl	Employer/Occupation/Labor Organization*		0,91,811 2500
Canal Winchester	OH	Zip Code 43110	Form (Cash, Check, etc.)
Steve Donohue			Registration Number, if PAC
eet Address 257 Old Coach Pl	Employer/Occupa	ation/Labor Organization*	M D Y Amount 00
Canal Windesto	Sta te 0 1-1	Zip Code 43110	Form (Cash, Check, etc.) Cash
In Name of Contributor Joe Ahbott			Registration Number, if PAC
reet Address 59 (1) Cols St	Employer/Occup	ation/Labor Organization*	M D Y Amount 30
Canal Windest	O/-/	Zip Code 43/10	Form (Cash, Check, etc.)
Benton Yoxtheim	er		Registration Number, if PAC
6569 Lakeview Circ	Employer/Occupa	ation/Labor Organization*	0:9/8// 2500
Canal Winchist	State OH	Zip Code 43//0	Form (Cash, Check, etc.)
All Name of Contributor Ker (4) Shick			Registration Number, if PAC
7256 Porter Dr.	Employer/Occup	ation/Labor Organization*	M D Y; Amount 00
Canal Winchester	Sta te	Zip Code 43110	Form (Cash, Check, etc.)
all Name of Contributor			Registration Number, if PAC
eet Address	Employer/Occupation/Labor Organization*		M: D, Y, Amount
у	State	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor		1	Registration Number, if PAC
eet Address	Employer/Occupa	ation/Labor Organization*	M, D, Y, Amount
у	Sta te	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to state the individual's business, if any, rather than employer should be abor organization of which the employees are members, if any, if in the boxes below only on the last page for this event, ansfer the Total contributions for this event to form No. 31-A. the date column	listed. If two or more must also appear. [R	employees contribute via pay .C. 3517.10(B)(4)]	roll deduction and exceed the aggregate of \$100, th
tal contributions this event		Total expenditures this en	vent.
			18 00