31-E R.C. 3517.10(B)

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

Event	Date	
Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Fred Berkemer for Norwich Township Tr	rustee		Periotection No. 1 Con-	I.C.
Full Name of Contributor Rebecca S. Baker			Registration Number, if PA	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount
130 Kings Way			0 9 2 0 0 9	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
West Jefferson	OH	43162	check	
Full Name of Contributor			Registration Number, if PA	AC
Tiffany Timmons			3 4	
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y	Amount
1449 North Star Avenue			0 9 2 0 0 9	\$60.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	check	
Full Name of Contributor			Registration Number, if PA	4C
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
O	0.1.	7in Codo	Form (Cash, Check, etc.)	
City	Stal te OH	Zip Code	FOITH (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if Pa	AC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			Registration Number, if P.	AC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employar/Occur-	ation/Labor Organization*	M D Y	Amount
State / Marions	Employer/Occupa	atton/Daoon Organization/		
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor	Registration Number, if PAC			
Court Address	T	(1)	M D Y	Amount
Street Address	Employer/Occupa	ation/Labor Organization*		
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
* Paguired for contributions from individuals over \$100	to statewide and General Ac-	sembly candidates. If contribu	stor is self-employed the occu	pation 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	Total expenditures this event.		
0075.00			

\$375.00 \$0.00 Page Total \$ \$110.00

^{*} 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)]