Event Date 8/25/11	_
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## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

379 W Fourth Avenue	yer/Occupation		Registration Number, if PAC
Full Name of Contributor Cortez Bogard  Street Address 379 W Fourth Avenue  City	yer/Occupation		Registration Number, if PAC
Cortez Bogard  Street Address 379 W Fourth Avenue  City	yer/Occupation		
379 W Fourth Avenue	yer/Occupation		1
379 W Fourth Avenue	•	/Labor Organization*	M D Y Amount
			0 8 2 5 1 1 \$50.00
	· .	Zip Code	Form (Cash, Check, etc.)
Columbus	H	43201	Check
Full Name of Contributor			Registration Number, if PAC
Carole R Squire			M D V 1
	Employer/Occupation/Labor Organization*		0 8 2 5 1 1 \$150.00
547 Mohawk Street	State 2	Zip Code	Form (Cash, Check, etc.)
City Columbus	' 1	43206	Check •
Full Name of Contributor	1		Registration Number, if PAC
Carolyn E Francis			
	Employer/Occupation/Labor Organization*		M D Y Amount
6345 Cragie Hill Court			0 8 2 5 1 1 \$250.00
		Zip Code	Form (Cash, Check, etc.)
Dublin O	Н	43017	Check
Full Name of Contributor			Registration Number, if PAC
Lloyd Pierre-Louis			M D Y Amount
•	Employer/Occupation/Labor Organization*		0 8 2 5 1 1 \$100.00
6227 Beringer Drive	Sta'te 2	Zip Code	Form (Cash, Check, etc.)
,	)H	43082	Check
Full Name of Contributor		:	Registration Number, if PAC
Eric D Carmichael			
	Employer/Occupation/Labor Organization*		M D Y Amount
1299 Brookwood Place		<u> </u>	0 8 2 5 1 1 \$100.00
City		Zip Code	Form (Cash, Check, etc.) Check
	H	43209	
Full Name of Contributor  Marchelle E Moore			Registration Number, if PAC
		-M-1	M D Y Amount
Street Address Emplo 2717 Gatewood Rd	oyer/Occupation	n/Labor Organization*	0 8 2 5 1 1 \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ΡΉ̈́	43219	Check
Full Name of Contributor	1		Registration Number, if PAC
Michael McCord			
· ·	Employer/Occupation/Labor Organization*		M D Y Amount
811 Strawberry Street			0 8 2 5 1 1 \$50.00
Columbus		Zip Code 43213	Form (Cash, Check, etc.) Cash
* Required for contributions from individuals over \$100 to statewide and G	H		

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	lotal expenditures this event.	
	\$0.00 Page Total \$	900.00

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)]