31-E R.C. 3517.10(B)

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

Paine

Name of Committee in Full	·			
Name of Committee in Full Citizen: for Corrbon				
Full Name of Contributor Poor Go S T T S S CAC			Registration Number, if PAC	
Street Address			M D V	Amount
2473 Millicanorom.	Employer/Occupati	ion/Labor Organization*	102411	4-0ai
City Grove Coty	Sta te	Zip Code 43123	Form (Cash, Check, etc.)	
Full Name of Contributor Douclas C, Welker	<u> </u>		Registration Number, if P	AC
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y	Amount on
E1255 613 7 100 1/200		, I a: 0.1	1024-11	100
City Grove City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Coutributor		•	Registration Number, if P	AC
Court Leasur				
Street Address 4780 South HANGE OX	Employer/Occupation/Labor Organization*		MOZAN	Amount 500°
City	Sta tc	Zip Code 43(72	Form (Cash, Check, etc.)	
Full Name of Contributor		1 300	Registration Number, if P	AC
_Neil 8.1 zum				
Street Address 50145 Grood Run Placo.	Employer/Occupation/Labor Organization*		00 K	Amount 50°
city Course Cotty	Sta te	Zip Code	Form (Cash, Check, etc.)	1.12.14
Fall Name of Contributor Samuel Address Addre			Registration Number, if P.	AC .
Silect Address	Employer/Occupati	on/Labor Organization*	M D Y	Amount 60
CITY CITY LANGE LANGE Dr.	St. 4.	Ta:- c	Form (Cash, Check, etc.)	56
Grove City	State	Sib Code	Com (Cash Check Etc.)	
Fall Name of Contributor Ecrocord M. Comers			Registration Number, if P.	AC .
Street Address 4187 14 (1150000) Con.	Employer/Occupation/Labor Organization*		MO241	Amount 600
City Colors Charles	Sta to	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		1 3 350 4	Registration Number, if P.	AC .
Michael G. Modernan				
Street Address 4717 Nich olub Point Dr.	Employer/Occupation/Labor Organization*		10241	Amount DO 3
City Grove Cath	O. F	Zip Code 43123	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contributor i		pation 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)]				
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. Unde	r Full Name of Co	ontributor state "Contributions fi	om form No. 31-E" and ti	st the date of the event
in the date column				

Total contributions this event	Total expenditures this event.
	Page Total \$ 700°