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

Event Date 10 F(1)	
Richardo.	

Name of Committee in Full  CITI Part See.	( moon					
all Name of Contributor Rogina L. Evans			Registration Number, if PAC			
Street Address Plosley Wise	Employer/Occupati	on/Labor Organization*	MODIT	4mount Oar		
City Covo City	Sta te	Zip Code 43(23	Form (Cash, Check, etc.)			
Fall Name of Contributor  No hore Son Mello	100	<u>,                                     </u>	Registration Number, if	PAC		
Street Address 2937 Chabaple Place		on/Labor Organization*	1 1 2 0 M	**75 %		
Corose Coty	Sta te	Zip Code + 3 ( - 2 - 3	Form (Cash, Check, etc.)			
Full Name of Contributor	<u> </u>	•	Registration Number, if	PAC		
Street Address 3980 Poro and wison	Employer/Occupati	on/Labor Organization*	102111	100 m		
City	Sta to	Zip Code 4-3123	Form (Cash, Check, etc.)			
Full Name of Contributor Rechard Carl	<u> </u>		Registration Number, if	PAC		
Street Address 230 & Birch Disch Trail	Employer/Occupati	on/Labor Organization*	MO 2 111	Amount 75 (9)		
city Grove Catery	Sta tc	Zip Code 43123	Form (Cash, Check, etc.)			
Full Name of Contributor  Molissa J. Albri	wht		Registration Number, if	PAC		
Street Address 4888 Morning Light Ct	Employer/Occupati	on/Labor Organization*	N S O I	Amount 25°		
Corous City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor  Converted a Street W. L. White Translation Number, if PAC  Street Address  Street Address  M. D. M. Amount						
Street Address 865 Wikkon Allow	Employer/Occupati	on/Labor Organization*	1 2 L (	Amount 150 su		
city Columbus	Sta to	Zip Code 4-3-20 (g	Form (Cash, Check, etc.)	an Sport file		
Full Name of Contributor			Registration Number, if	PAC		
Street Address 15.47 String admin se R.A.	Employer/Occupation/Labor Organization*		MODIV	Amount 04		
City Cross of Many 1000	Sta te	Zip Code 3(2)	Form (Cash, Check, etc.)			
Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be liste labor organization of which the employees are members, if any, mus	and General Asse	mployees contribute via payroll	s self-employed, the occu deduction and exceed the	apation and the name of aggregate of \$100, the		
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 in the date column			om form No. 31-E" and l	list the date of the event		
Total contributions this event	Total expenditures this event.					
			Page To	tal \$ 575 %		