Event Date	10/14/09
Page	4

Statement of Contributions Received at a Social or Fundraising Event

P. O. Box 12143 City Columbus Full Name of Contributor Michael E. Sexton Street Address 984 Highland St. City Columbus Full Name of Contributor Mark Pardi Street Address 4755 Widner Court City Columbus City Columbus	State O H Employer/Occupa State O H	zip Code 43212 ation/Labor Organization* Zip Code Zip Code 43201	Registration Number, if PAC M D Y Amount $1 \mid 0 \mid 1 \mid 4 \mid 0 \mid 9$ Form(Cash,Check,etc) Check Registration Number, if PAC M D Y Amount $1 \mid 0 \mid 1 \mid 4 \mid 0 \mid 9$ Form(Cash,Check,etc) Check	50.00
Full Name of Contributor Dieker & Dieker, c/o Lawrence Dieker Street Address P. O. Box 12143 City Columbus Full Name of Contributor Michael E. Sexton Street Address 984 Highland St. City Columbus Full Name of Contributor Mark Pardi Street Address 4755 Widner Court City Columbus	State O H Employer/Occupa State O H	Zip Code 43212 ation/Labor Organization*	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	50.00
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	Employer/Occupation/Labor Organization*		M D Y Amount	
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	Employer/Occupation/Labor Organization*		M D Y Amount	
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equired for contributions from individuals over \$100 to statewide and general vidual's business, if any, rather than employer should be listed. If two or mo	-	uates, if contributor is self-em	ipioyed, the occupation and the name of	the
unization of which the employees are members, if any, must appear. [R.C. 3:	ra amployeda com		and exceed the aggregate of \$100 the lab	

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	
		Page Total \$ 290 00
2 250 00		
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