Event Date	9/22/11
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Statement of Contributions Received at a Social or Fundraising Event

City State Full Name of Contributor	Эссир	pation/Labor Organization* Zip Code Zip Code Zip Code Zip Code	M O 9 Form(C	D 2 1 6 ash,Chec Casl	Y 1 1	Amount Amount	325
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		Zip Code	1				

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 5 325.00