

31-E

R.C. 3517.10(B)

Event Date 3/19/11

Page

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Vote Barrett				Registration Number, if PAC	
Full Name of Contributor Pat Zollars		Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 9 1 1 \$50.00	
Street Address 6168 Westerville Rd.	City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Horst & Maria Schmitt		Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 9 1 1 \$40.00	
Street Address 7102 White Butterfly Dr.	City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly Core		Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 9 1 1 \$10.00	
Street Address 9012 Kingsley Dr.	City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Hellen Core		Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 9 1 1 \$20.00	
Street Address 9012 Kingsley Dr.	City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Just Off Main		Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 9 1 1 \$75.00	
Street Address 1371 Hentz Dr.	City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address	City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address	City	State OH	Zip Code	Form (Cash, Check, etc.)	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation 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. 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 195.00