31-	E			
R.C.	351	7.1	0(В

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

Event Date 9/9/15	
Page	

			
Citizens To Retain Hood Full Name of Contributor			if PAC
/ LLC - Thomas Trimble	8		
Employer/Occupa	ation/Labor Organization*	0 9 0 9 1	Amount 5 \$500.00
Sta te	Zip Code 43215	· ·	:.)
011			f PAC
Palmer		,	
Employer/Occup	ation/Labor Organization*	0 9 0 9 1	Amount \$100.00
Sta te	Zip Code		c.)
i OH	43215		20.0
el Shamansky		Registration Number,	ii PAC
Employer/Occup	ation/Labor Organization*	0 9 0 9 1	Amount 5 \$1,000.00
Sta te	Zip Code	1 '	2.)
OH	43215		· · · · · · · · · · · · · · · · · · ·
		Registration Number,	if PAC
Employer/Occup	Employer/Occupation/Labor Organization*		Amount 5 \$100.00
Sta te	Zîp Code		c.)
OH	43215		
		Registration Number,	if PAC
Employer/Occup	Employer/Occupation/Labor Organization*		5 \$100.00
Sta te OH	Zip Code 43206	Form (Cash, Check, et check	c.)
		Registration Number,	if PAC
Employer/Occup	nation/Labor Organization*	0 ^M 9 0 9 1 Y	Amount \$150.00
Sta te OH	Zip Code 43215	Form (Cash, Check, et check	c.)
	·	Registration Number,	if PAC
Employer/Occup	oation/Labor Organization*	0 9 0 9 1	5 \$50.00
Sta te OH	Zip Code 43212	check	
	Employer/Occup Sta te OH Palmer Employer/Occup Sta te OH Employer/Occup	Employer/Occupation/Labor Organization* State Zip Code OH 43215 Shamansky Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43206 Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43212	Employer/Occupation/Labor Organization* Sta te Zip Code OH 43215 Palmer Employer/Occupation/Labor Organization* Emp

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 th	is event
------------------------	----------

	1
\$2,910	00.0
	1

Total expenditures this event.

\$320.69

\$2,000.00 Page Total \$

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is 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)]