31-E R.C. 3517.10(B)

Event Date	9/12/09
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Prescribed by Sec	eretary of State 3/05					
Registration Number, if PAC   Farm   Registration Number, if PAC   Registration Number, if PAC   Farm   Registration Number, if PAC   Registration Number, if								
Harry McClure   Fineleyer/Occupation/Labor Organization*   M   D   Y   Amount   100.	Kambon.EDU					.0.2.4	<u> </u>	
Store   Address   Employer/Occupation/Labor Organization*   No.   D.   Y.   Amount   O.   D.   Y.   Amount   O.   D.   Y.   O.   D.   V.   O.   D.   D.   V.   O.   D.   D.   V.   O.   D.   D.   D.   D.   D.   D.   D	Full Name of Contributor			Registrati	on Numb	er, if PA	C	
A574 Tuttle Road	Harry McClure	Mary 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						
State	Street Address	Employer/Occupation/Labor Organization*				. 8	Amount	100.00
Dublim	4574 Tuttle Road							100.00
State   Zip Code   State   Zip	City	i i						
State   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	Dublin	<u> </u>	43017					
Employer/Occupation/Labor Organization*   O   P   V   Amount	Full Name of Contributor			Registrat	ion Numb	er, if PA	С	
1933 E Dublin-Granville Rd  State Columbus  Full Name of Contributor Najah Drakes Street Address  Employer/Occupation/Labor Organization*  M D Y O O O O O O O O O O O O O O O O O O	Viviane Faralar-Haley							
State   Zip Code   Form(Cash, Check, etc)   Check		Employer/Occup	ation/Labor Organization*	1 1			Amount	0F 0/
Columbus	1933 E Dublin-Granville Rd							25.00
Full Name of Contributor  Najah Drakes  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Linda Allen  Street Address  Employer/Occupation/Labor Organization*  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Amount Oly 1 1 3 0 9 5 500  Form(Cash, Check, etc) Check  Check  Full Name of Contributor  Exployer/Occupation/Labor Organization*  Registration Number, if PAC  Amount Oly 1 2 0 9 7 0 0 9 1 2 0 9 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	City	i i						
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		-10H	43229					
Street Address	Full Name of Contributor			Registrat	ion Numb	per, if PA	C	
Street Address	Najah Drakes							
State   Zip Code   Form(Cash, Check, etc)   Check		Employer/Occup	oation/Labor Organization*	1			H	05.0
Full Name of Contributor  James Bellard  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 50  City  State Zip Code Form(Cash,Check,etc) Check  Full Name of Contributor  Linda Allen  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 50  City  State Zip Code Form(Cash,Check,etc) Check  Registration Number, if PAC  Linda Allen  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 10  Form(Cash,Check,etc) Check  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Form(Cash,Check,etc) Check  Registration Number, if PAC  Form(Cash,Check,etc) Check Registration Number, if PAC  Form(Cash,Check,etc) Check Check  Full Name of Contributor  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 3 0 9 500  Form(Cash,Check,etc) Check Registration Number, if PAC  Form(Cash,Check,etc) Check Check Full Name of Contributor  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 500  Form(Cash,Check,etc) Check Check Full Name of Contributor  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 500  Form(Cash,Check,etc) Check Full Name of Contributor  Employer/Occupation/Labor Organization*  M D Y Amount O 9 1 2 0 9 70  Amount O 9 1 2 0 9 70  Form(Cash,Check,etc) Check Full Name of Contributor  Employer/Occupation/Labor Organization*  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form(Cash,Check,etc) Check Full Name of Contributor  Employer/Occupation/Labor Organization*  Full Name of Contributor  Employer/Occupation/Labor Organization*  Full Name of Contributor  Full Name o								25.0
Full Name of Contributor  James Bellard  Street Address  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check, etc) Check  Registration Number, if PAC  State Address  Employer/Occupation/Labor Organization*  Thind Allen  Street Address  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check, etc) Check  Registration Number, if PAC  Amount O   9   1   2   0   9   1   0   0   0   0   0   0   0   0   0	City	State	Zip Code				4	
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   O   9   1   2   0   9   50					newseen overstand the second	ON THE OWNER OF THE OWNER OF THE OWNER.		
Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registra	tion Numl	ber, if PA	.C	
Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Iames Bellard		100					
State   Zip Code   Form(Cash, Check, etc)   Check     Full Name of Contributor   Registration Number, if PAC     State   Zip Code   Form(Cash, Check, etc)   Check     State   Zip Code   Form(Cash, Check, etc)   Check     Full Name of Contributor   Registration Number, if PAC     Full Name of Contributor   Registration Number, if PAC     Full Name of Contributor   Registration Number, if PAC     State   Zip Code   Form(Cash, Check, etc)   Check     Full Name of Contributor   Registration Number, if PAC     State   Zip Code   Form(Cash, Check, etc)   Check     Full Name of Contributor   Registration Number, if PAC     Full Name of Contributor   Registration Number, if PAC     State   Zip Code   Form(Cash, Check, etc)   Check     Street Address   Employer/Occupation/Labor Organization*   M D Y Amount     O 9 1 2 0 9 70     O 9 1 2 0 9 70		Employer/Occup	oation/Labor Organization*		i	1	Amount	<b>F</b> 0.0
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $								50.0
Full Name of Contributor  Linda Allen  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount $0 \mid 9 \mid 1 \mid 2 \mid 0 \mid 9$ 10  City  State Zip Code Form(Cash, Check, etc) Check  Full Name of Contributor  TAMAH  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount $0 \mid 9 \mid 1 \mid 3 \mid 0 \mid 9$ 500  City  State Zip Code Form(Cash, Check, etc) Check  Registration Number, if PAC  TAMAH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  State Zip Code Form(Cash, Check, etc) Check  Full Name of Contributor Event Cash Contributions  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O   9   1   2   0   9   70  Amount O   9   1   2   0   9   70  City  State Zip Code Form(Cash, Check, etc) Cash	City	State	Zip Code					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						MANAGEMENT AND THE PARTY OF THE		
Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Linda Allen						-	
City  State Zip Code Form(Cash,Check,etc) check  Full Name of Contributor  TAMAH  Street Address  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash,Check,etc) check  Full Name of Contributor  Event Cash Contributions  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount 0 9 1 3 0 9 500  Registration Number, if PAC  Registration Number, if PAC  City  State Zip Code Form(Cash,Check,etc) check  Check  Registration Number, if PAC  City State Zip Code Form(Cash,Check,etc) cash		Employer/Occu	pation/Labor Organization*	II.	1	1	N	400
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				0 9	1 2	0   9		10.0
Full Name of Contributor	City	State	Zip Code					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	TAMAH						aleman management	
City State Zip Code Form(Cash, Check, etc) Check  Full Name of Contributor  Event Cash Contributions  Street Address Employer/Occupation/Labor Organization* M D Y Amount 0 9 1 2 0 9 70  City State Zip Code Form(Cash, Check, etc) Cash		Employer/Occupation/Labor Organization*		L L	1	i	3	=00.0
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								500.0
Full Name of Contributor  Event Cash Contributions  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount 0 9 1 2 0 9 70  City  State Zip Code Form(Cash,Check,etc) Cash	City	State	Zip Code	Form(C				
					checl	<		
Event Cash Contributions  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount 0 9 1 2 0 9 70  City  State Zip Code Form(Cash, Check, etc) Cash	Full Name of Contributor			Registra	tion Nur	iber, if P	4.C	
Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							-2	
City State Zip Code Form(Cash, Check, etc) Cash		Employer/Occupation/Labor Organization*		1 .	1 .	1 .	8	
cash								70.0
cash	City	State	Zip Code	Form(C				
equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the	- t				cash			
equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the								
ividual'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	equired for contributions from individuals over \$100 to statewing	de and general assembly can	didates. If contributor is self-en	nployed, the	occupatio	n and the	name of 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 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	
Total Contained the Contained		Page Total \$ 780.00