

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor <i>Gladye Brown</i>		Registration Number, if PAC <i>7600</i>	
Street Address <i>3694 Dony St</i>	Employer/Occupation/Labor Organization*	M D Y <i>02 06 15</i>	Amount <i>30.00</i>
City <i>Whitehall Ohio</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Michael Bowers</i>		Registration Number, if PAC	
Street Address <i>4985 Deac Ave</i>	Employer/Occupation/Labor Organization* <i>Law office of Michael Bowers</i>	M D Y <i>02 06 15</i>	Amount <i>100.00</i>
City <i>Whitehall</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Van Cerig</i>		Registration Number, if PAC	
Street Address <i>5182 Doral Ave</i>	Employer/Occupation/Labor Organization*	M D Y <i>02 06 15</i>	Amount <i>25</i>
City <i>Whitehall</i>	State <i>OH</i> Zip Code <i>43211</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Bob Bailey</i>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y <i>02 06 15</i>	Amount <i>100.00</i>
City <i>Whitehall</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Dawn & Martin George</i>		Registration Number, if PAC	
Street Address <i>5004 Dimson Dr. N</i>	Employer/Occupation/Labor Organization*	M D Y <i>02 06 15</i>	Amount <i>100.00</i>
City <i>Whitehall</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Chacie & Debbie Guiter</i>		Registration Number, if PAC	
Street Address <i>4680 E MAIN</i>	Employer/Occupation/Labor Organization* <i>Talkers Sports Admin</i>	M D Y <i>02 06 15</i>	Amount <i>100.00</i>
City <i>Whitehall</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> Check, etc.)	
Full Name of Contributor <i>Sharon Hunt</i>		Registration Number, if PAC	
Street Address <i>5000 Dimson Dr N</i>	Employer/Occupation/Labor Organization*	M D Y <i>02 06 15</i>	Amount <i>50.00</i>
City <i>Whitehall, Ohio</i>	State <i>OH</i> Zip Code <i>43213</i>	Form (Cash <input checked="" type="checkbox"/> 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

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Total expenditures this event.

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