

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Schregardus</b>				
Full Name of Contributor <b>Dianna Howie</b>		Registration Number, if PAC		
Street Address <b>3043 Rightmire Blvd.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Mike Moses</b>		Registration Number, if PAC		
Street Address <b>358 Stewart Ave.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$75.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Dan Sabol</b>		Registration Number, if PAC		
Street Address <b>580 E. Rich St.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Thomas Hayes</b>		Registration Number, if PAC		
Street Address <b>65 E. Livingston Ave.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$300.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Zack Mayo</b>		Registration Number, if PAC		
Street Address <b>401 E. Jenkins Ave.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Barry Wilford</b>		Registration Number, if PAC		
Street Address <b>481 E. Sycamore St.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Michael Sexton</b>		Registration Number, if PAC		
Street Address <b>984 Highland St.</b>	Employer/Occupation/Labor Organization*		M D Y <b>0 4 1 9 1 7</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>check</b>	

\* 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 \$ **\$900.00**