

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 James V. Maniace				Registration Number, if PAC	
Street Address 155 West Main Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert S. Long				Registration Number, if PAC	
Street Address 2064 Waltham Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor M.D. Zelnik				Registration Number, if PAC	
Street Address 500 Trillium Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Galloway		State OH	Zip Code 43119	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark A. Wagenbrenner				Registration Number, if PAC	
Street Address 3075 River Thames Street		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Mehmet B. Tin				Registration Number, if PAC	
Street Address 2597 Coltsbridge Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Lewis Center		State OH	Zip Code 43035	Form (Cash, Check, etc.) check	
Full Name of Contributor Seyman L. Stern				Registration Number, if PAC	
Street Address 2728 Brentwood Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$250.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael A. Simpson				Registration Number, if PAC	
Street Address 255 South Ardmore Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$500.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	

* 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 \$ **\$2,450.00**