

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Pieter Wykoff				Registration Number, if PAC			
Street Address 230 East Oakland Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	H	Zip Code 43201		Form (Cash, Check, etc) Check	
Full Name of Contributor Citizens for Jim Petro				Registration Number, if PAC			
Street Address 1933 Lakeshore Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Joshua Ryan				Registration Number, if PAC			
Street Address One Miranova Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	500.00
City Columbus		State O	H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Palmer McNeal				Registration Number, if PAC			
Street Address 5169 Springfield Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	500.00
City Columbus		State O	H	Zip Code 43081		Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Klaffky				Registration Number, if PAC			
Street Address 41 S. High St. Suite 3710		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	250.00
City Columbus		State O	H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Zuheir Sofia				Registration Number, if PAC			
Street Address 225 Stanberry Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	250.00
City Columbus		State O	H	Zip Code 43209		Form (Cash, Check, etc) Check	
Full Name of Contributor Scott Brown				Registration Number, if PAC			
Street Address 4979 Claymill Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	25.00
City Columbus		State O	H	Zip Code 43026		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 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

2125.00

Total expenditures this event

Invoice not received

Page Total \$ **1,650.00**