

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Paul Bingle</b>				
Full Name of Contributor <b>Joe Jackson</b>			Registration Number, if PAC	
Street Address <b>500 W Wilson Bridge Rd., Ste 260</b>	Employer/Occupation/Labor Organization* <b>Joe Jackson Realty Corp</b>		M   D   Y <b>1   0   0   5   0   7</b>	Amount <b>20.00</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Marilyn Sue Gleich</b>			Registration Number, if PAC	
Street Address <b>102 Acton Rd</b>	Employer/Occupation/Labor Organization* <b>Realtor</b>		M   D   Y <b>1   0   0   5   0   7</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Central Ohio Realtors Political Action Committee</b>			Registration Number, if PAC	
Street Address <b>2700 Airport Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0   9   0   7</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Karen Garvin</b>			Registration Number, if PAC	
Street Address <b>7642 Selwyn Ct</b>	Employer/Occupation/Labor Organization* <b>Northwest Title</b>		M   D   Y <b>1   0   1   2   0   7</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Sandra Simbro</b>			Registration Number, if PAC	
Street Address <b>65 Orchard Ln</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M   D   Y <b>1   0   1   2   0   7</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Anthony Missmi</b>			Registration Number, if PAC	
Street Address <b>414 E North Broadway</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0   6   0   7</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Charles Eglehoff</b>			Registration Number, if PAC	
Street Address <b>351 Garden Rd</b>	Employer/Occupation/Labor Organization* <b>Insurance Agencies of Ohio</b>		M   D   Y <b>1   0   1   2   0   7</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</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 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  

1,395.00

Total expenditures this event  

293.76

Page Total \$ 1,320.00