

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 Neal J. Brower				Registration Number, if PAC	
Street Address 384 Reinhard Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43206	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen P. Grassbaugh				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City	State OH	Zip Code	Amount 250	Form (Cash, Check, etc.) check	
Full Name of Contributor Gregg Dodd				Registration Number, if PAC	
Street Address 1616 Franklin Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43205	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Jan Allen				Registration Number, if PAC	
Street Address 2125 Lane Woods Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43221	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Lynn A. Greer				Registration Number, if PAC	
Street Address 1200 Chambers Road Suite 410	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43212	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Catherine L. Ferrai				Registration Number, if PAC	
Street Address 5050 Glentangy River Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43214	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor William B. Conner				Registration Number, if PAC	
Street Address 465 South Parkview Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Bexley	State OH	Zip Code 43209	Amount 100	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 \$ 850.00