

# 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 Jackson B. Reynolds, III			Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey L. Brown			Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor David L. Hodge			Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Albert S. Hall			Registration Number, if PAC	
Street Address 322 Vine Lane	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$300.00
City West Amherst	State NY	Zip Code 14228	Form (Cash, Check, etc.) check	
Full Name of Contributor Edward J. Leonard			Registration Number, if PAC	
Street Address 4025 Berrybush Drive	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara J. Clark			Registration Number, if PAC	
Street Address 431 E. Broad Street	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly M. Brown			Registration Number, if PAC	
Street Address 4729 Harbinger Circle, East	Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$200.00
City Whitehall	State OH	Zip Code 43213	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 \$ 1,550.00