

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus				
Full Name of Contributor Jeffrey Dever			Registration Number, if PAC	
Street Address 4729 Heath Trails Rd.	Employer/Occupation/Labor Organization*		M 0	D 7
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Matt Thompson			Registration Number, if PAC	
Street Address 4876 Cemetary Rd.	Employer/Occupation/Labor Organization*		M 0	D 7
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Judy Knisley			Registration Number, if PAC	
Street Address 5763 Sundial Dr.	Employer/Occupation/Labor Organization*		M 0	D 7
City Galloway	State OH	Zip Code 43119	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Susan Schregardus			Registration Number, if PAC	
Street Address 3078 Maddie Ct.	Employer/Occupation/Labor Organization*		M 0	D 7
City Lewis Center	State OH	Zip Code 43035	Y 1	Amount \$250.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Danielle Blue			Registration Number, if PAC	
Street Address 1635 Guilford Rd.	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$25.00
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Gina Ginn			Registration Number, if PAC	
Street Address 39 Nottingham Rd.	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$50.00
Form (Cash, Check, etc.) PayPal				

* 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.

Page Total \$ **\$675.00**