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

Event Date	3/30/05	
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Prescribed by Secretary of State 03/05

Name of Committee in Full				
A MARIE OF SOMMERICO HIT UIT				
Full Name of Contributor	Registration Number, if PAC			
Terrence R. Heffernan				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
175 South Third Street, 9th Floor			0 4 0 6 0 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
Full Name of Contributor		-	Registration Number, if PAC	
Richard A. Talbott				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
4236 Shire Cove Road			0 4 0 6 0 5 \$150.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Hilliard Full Name of Contributor	OH	43026	Registration Number, if PAC	
Edward O. Vance			registration rumou, ii FAC	
Street Address	M D Y Amount			
248 Thornewood Drive	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Granville	OH	43023	check	
Full Name of Contributor	<u>-!</u>		Registration Number, if PAC	
Don L. Brown			·	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
3921 Lytham Court			0 4 0 6 0 5 \$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Upper Arlington	OH	43220	check	
Full Name of Contributor Feriends For Thomas			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
250 West Steet			0 4 0 6 0 5 \$1,000.00	
Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Columbus	J On,	40210		
Full Name of Contributor Mark K. Milligan			Registration Number, if PAC	
Street Address P.O. Box 12333	Employer/Occupation/Labor Organization*		M D Amount Amount \$150.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	check	
Full Name of Contributor Tobias A. Iloka			Registration Number, if PAC	
Street Address 6677 Spring Run Drive	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 6 0 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Westerville	OH	43082	check	

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

00

Total expenditures this event.

\$0.00

Page Total \$ 1,800.00

^{*} 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)]