

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 Donald T. Plank				Registration Number, if PAC	
Street Address 685 City Park Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard C. Brahm				Registration Number, if PAC	
Street Address 672 Old Pond Lane		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 2	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Gregory B. Comfort				Registration Number, if PAC	
Street Address 2275 Onandga Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Nelson E. Kohman				Registration Number, if PAC	
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Pataskala		State OH	Zip Code 43062	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Terry E. George				Registration Number, if PAC	
Street Address 8547 Stonechat Loop		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert W. Siekmann Jr.				Registration Number, if PAC	
Street Address 9000 Memorial Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Plain City		State OH	Zip Code 43064	Y 2	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Richard F. Hills				Registration Number, if PAC	
Street Address 17 South High Street, Suite 245		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
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

\$4,000.00 ✓

Total expenditures this event.

\$0.00

Page Total \$3,000.00 ✓