

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 TERRI STREET			Registration Number, if PAC		
Street Address 187 N. GARFIELD AVENUE	Employer/Occupation/Labor Organization* Dir. of Education (city)		M 10	D 06	Y 07
City Columbus	State OH	Zip Code 43203	Amount \$100.00		
Form (Cash, Check, etc.) 3035					
Full Name of Contributor DANIA SMOOT			Registration Number, if PAC		
Street Address 1632 Bryden Rd.	Employer/Occupation/Labor Organization* UNKNOWN		M 10	D 06	Y 07
City Columbus	State OH	Zip Code 43205	Amount \$75.00		
Form (Cash, Check, etc.) 914					
Full Name of Contributor DOWN TYLE LEE			Registration Number, if PAC		
Street Address 2574 DOZIER	Employer/Occupation/Labor Organization* MANAGER DJL		M 10	D 05	Y 07
City Columbus	State OH	Zip Code 43209	Amount \$50.00		
Form (Cash, Check, etc.) 1127					
Full Name of Contributor CHRISTY ANGEL			Registration Number, if PAC		
Street Address 4358 E. BECK STREET	Employer/Occupation/Labor Organization* SBC Enterprise		M 10	D 06	Y 07
City Columbus	State OH	Zip Code 43206	Amount \$50.00		
Form (Cash, Check, etc.) 4358					
Full Name of Contributor KEENA SMITH			Registration Number, if PAC		
Street Address 1638 HINDMAN	Employer/Occupation/Labor Organization* UNKNOWN		M 10	D 06	Y 07
City New Albany	State OH	Zip Code 43054	Amount \$50.00		
Form (Cash, Check, etc.) 4156					
Full Name of Contributor LAUREL BEATTY			Registration Number, if PAC		
Street Address 268 E. GATES ST.	Employer/Occupation/Labor Organization* ATTORNEY		M 10	D 05	Y 07
City Columbus	State OH	Zip Code 43206	Amount \$50		
Form (Cash, Check, etc.) 1008					
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					

* 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

\$375.00
\$0.00

Total expenditures this event.

\$0.00

\$375.00
\$0.00
 Page Total \$