

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 Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt F.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 2	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert H. Jeffery				Registration Number, if PAC	
Street Address 296 Ashbourne Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Edward M. Dunlap				Registration Number, if PAC	
Street Address 202 E. Como Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Boyce Safford, III				Registration Number, if PAC	
Street Address 3451 Society Hill Court		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 1	Amount 30
Form (Cash, Check, etc.) check					
Full Name of Contributor Timothy E. Liggins				Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 1	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Angela C. Vancleaf				Registration Number, if PAC	
Street Address 4327 Grays Market Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Atiba W. S. Jones				Registration Number, if PAC	
Street Address 765 Conestoga Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43213	Y 1	Amount 50
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

330.00
Page Total \$ **330.00**