

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 Douglas R. McCloud				Registration Number, if PAC	
Street Address 1666 Birdsong Ct.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$250.00
City Blacklick	State OH	Zip Code 43004		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 D Y 0 4 2 0 0 5	Amount \$150.00
City Columbus	State OH	Zip Code 43219		Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Elect Fred Strahorn				Registration Number, if PAC	
Street Address 223 Kenwood		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$100.00
City Dayton	State OH	Zip Code 45406		Form (Cash, Check, etc.) check	
Full Name of Contributor Edward P. Ferris				Registration Number, if PAC	
Street Address 1959 Collingswood Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$150.00
City Upper Arlington	State OH	Zip Code 43221		Form (Cash, Check, etc.) check	
Full Name of Contributor Margaret Reynolds				Registration Number, if PAC	
Street Address 4789 Augustus Court		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$35.00
City Hilliard	State OH	Zip Code 43026		Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Bell				Registration Number, if PAC	
Street Address 2148 Pleasant Colony Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$50.00
City Lewis Center	State OH	Zip Code		Form (Cash, Check, etc.) check	
Full Name of Contributor Clyde Bridges				Registration Number, if PAC	
Street Address 2272 Somersworth Drive		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 5	Amount \$50.00
City Columbus	State OH	Zip Code 43219		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

Page Total \$ 785.00