

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Brad McCloud					
Full Name of Contributor William L. Hills			Registration Number, if PAC		
Street Address 8175 Priestley Dr.	Employer/Occupation/Labor Organization* Joint Comm. on Agency R		M 0	D 9	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Amount \$500.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Committee to Retain Hood			Registration Number, if PAC		
Street Address P.O. Box 238	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Amount \$500.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Glen A. Dugger			Registration Number, if PAC		
Street Address 37 West Broad St.	Employer/Occupation/Labor Organization* Smith & Hale LLC		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Nancy D. Sharp			Registration Number, if PAC		
Street Address 8080 Griswold Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City New Albany	State OH	Zip Code 43054	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Marc A. Fishel			Registration Number, if PAC		
Street Address 400 S. Fifth St., Ste. 200	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy Kenney			Registration Number, if PAC		
Street Address 6399 Retton Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Amount \$100.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Daniel Smith			Registration Number, if PAC		
Street Address 7038 Shaulis Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Amount \$100.00	Form (Cash, Check, etc.) cash	

* 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 \$ **\$1,500.00**