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

Event Date	October 13, 2005
Page	

Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Anthony Jay Dascenzo			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1012 Hunter Ave.			1 0 1 5 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	check
Full Name of Contributor	Registration Number, if PAC		
Donald J. McTigue	· · · · · · · · · · · · · · · · · · ·		
Street Address 3886 N. High Street	Employer/Occupation/Labor Organization* Attonrey		M D Y Amount 300
City	State Zip Code		1 0 1 5 0 5 300 Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor	011	10211	Registration Number, if PAC
Jo Ann St. Clair			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
209 Olentangy Street			1 0 1 5 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor			Registration Number, if PAC
Dan Stewart Street Address			
947 Goodale Blvd. Suite 201	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	check
Full Name of Contributor Kelly O'Reilly			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
446 Howland Drive			1 0 1 5 0 5 35
^{City} Gahanna	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.)
Full Name of Contributor		73230	Registration Number, if PAC
James R. Rishel			Registration Number, if FAC
Street Address	Employer/Occup	M D Y Amount	
7288 Lee Road	Employer/Occupation/Labor Organization*		1 0 1 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor Arthur M. Phillips			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3453 Oak Bend Blvd.			1 0 1 5 0 5 35
City Conal Winchester	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	OH	43110	check

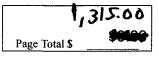
Fill in the boxes below only on the last page for this event.

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



^{*} 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)]