

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 Anthony Jay Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Donald J. McTigue				Registration Number, if PAC	
Street Address 3886 N. High Street	Employer/Occupation/Labor Organization* Attonrey		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check		Amount 300
Full Name of Contributor Jo Ann St. Clair				Registration Number, if PAC	
Street Address 209 Olentangy Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Dan Stewart				Registration Number, if PAC	
Street Address 947 Goodale Blvd. Suite 201	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check		Amount 50
Full Name of Contributor Kelly O'Reilly				Registration Number, if PAC	
Street Address 446 Howland Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount 35
Full Name of Contributor James R. Rishel				Registration Number, if PAC	
Street Address 7288 Lee Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check		Amount 50
Full Name of Contributor Arthur M. Phillips				Registration Number, if PAC	
Street Address 3453 Oak Bend Blvd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) check		Amount 35

* 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

1,315.00
Page Total \$ **1,315.00**