

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Gerglev for Gahanna					
Full Name of Contributor John Schroeder			Registration Number, if PAC		
Street Address 99 Jahn	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 30.00	Form (Cash, Check, etc) check	
Full Name of Contributor Jeannine and James Kern			Registration Number, if PAC		
Street Address 490 Old Mill	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 50.00	Form (Cash, Check, etc) check	
Full Name of Contributor William Smith			Registration Number, if PAC		
Street Address 223 Glennhurst	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 50.00	Form (Cash, Check, etc) check	
Full Name of Contributor Ryan Demro			Registration Number, if PAC		
Street Address 598 Wickham Way	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 35.00	Form (Cash, Check, etc) check	
Full Name of Contributor Linda Snyder			Registration Number, if PAC		
Street Address 172 Andulus	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 100.00	Form (Cash, Check, etc) check	
Full Name of Contributor Brian Robertson			Registration Number, if PAC		
Street Address 674 Woodmark Run	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 150.00	Form (Cash, Check, etc) check	
Full Name of Contributor PEEL Inc			Registration Number, if PAC		
Street Address 985 Zodiac	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Gahanna	State o h	Zip Code 43230	Amount 50.00	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 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

Total expenditures this event

Page Total \$ 465.00