

# 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 David P. Lauer				Registration Number, if PAC	
Street Address 5386 Dunniker Park Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Albert S. Hall				Registration Number, if PAC	
Street Address 322 Vine Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City West Amherst	State NY	Zip Code 14228	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Rob Crane				Registration Number, if PAC	
Street Address 5600 Dublin road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 600 S. Grant Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Donald T. Plank				Registration Number, if PAC	
Street Address 685 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 250
Full Name of Contributor Penny Tipps				Registration Number, if PAC	
Street Address 6641 Sunbury Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		Amount 150
Full Name of Contributor Atiba W.S. Jones				Registration Number, if PAC	
Street Address 765 Conestoga Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1000
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		Amount 100

\* 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 \$

900.00