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

Event Date 3/30/05
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Page

Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor A. Michael Schwarzwalder	Registration Number, if PAC		
Street Address 357 W. Hubbard Ave.	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$100.00
City Columbus	Stalte OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Aaron L. Granger			Registration Number, if PAC
Street Address 6889 Bonnie Brae Lane	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$150.00
^{City} Columbus	Stal te OH	Zip Code 43235	Form (Cash, Check, etc.) check
Full Name of Contributor Michael K. Fultz	Registration Number, if PAC		
Street Address 452 South Otterbein Ave.	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$150.00
City Westerville	Stal te OH	Zip Code 43081	Form (Cash, Check, etc.) check
Full Name of Contributor Richard C. Pfeiffer	Registration Number, if PAC		
Street Address 238 E. Royal Forest Blvd.	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 6 0 5 \$150.00
City Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) check
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC
Street Address 130 Northridge Road	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$150.00
City Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Manoj Sethi	Registration Number, if PAC		
Street Address 7674 Johntimm Court	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$150.00
City Dublin	OH,	Zip Code 43017	Form (Cash, Check, etc.) Check Resistation Number if BAC
Full Name of Contributor Larry Price			Registration Number, if PAC
Street Address 1587 Franklin Park South	Employer/Occupation/Labor Organization*		M 4 0 6 0 5 Amount \$150.00
City Columbus	Stal te	Zip Code 43205	Form (Cash, Check, etc.) 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

rotai	contrib	unons	unis	event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,000.00

^{*} 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)]