31-E
R.C. 3517.10(B)

Event Date 8/4/14
Page 5

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Eddie Pfau							
Full Name of Contributor			Registration Number, if PAC				
Iba Diaw							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4074 Beechcreek Rd			08	04	14	20.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Whitehall	OH	43213	Cash				
Full Name of Contributor			Registration Number, if PAC				
Tass Toney							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2441 Medary Ave			08	04	14	20.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43202	Cash				
Full Name of Contributor			Registration Number, if PAC				
Jeff Brown							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2701 Homecroft Dr			08	04	14	10.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43211	Cash				
Full Name of Contributor			Registration Number, if PAC				
Pete Curtis							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
35 Brighton Ct			08	04	14	10.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Springboro	OH	45066	Cash				
Full Name of Contributor			Registration Number, if PAC				
Ryan DeYoung							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
252 E Lakeview Ave			08	04	14	20.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43202	Cash				
Full Name of Contributor			Registration Number, if PAC				
Jim Picafore							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3318 Foxcroft Drive			08	04	14	80.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Lewis Center	OH	43035	Cash				
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* 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 $ 160.00