

# 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 Barbara K. Brandt				Registration Number, if PAC	
Street Address 2333 Brentwood Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Kerri Anderson				Registration Number, if PAC	
Street Address 2525 Wimbledon Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor M. Jameson Crane				Registration Number, if PAC	
Street Address 2289 Onandaga Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ann B. Crane				Registration Number, if PAC	
Street Address 3600 Kitzmiller Road		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State OH	Zip Code 43054	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Lazarus, Jr.				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code	Y 2	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				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 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 \$

1,400.00