

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Troy D. Markham				
Full Name of Contributor Angela Siefer			Registration Number, if PAC	
Street Address 745 S. Cassingham Rd	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	Amount 20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Gerald Noel			Registration Number, if PAC	
Street Address 640 Eudaire Ave.	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	Amount 20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Mike Haynes			Registration Number, if PAC	
Street Address 2825 Bellwood	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	Amount 20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Faith Formduval			Registration Number, if PAC	
Street Address 5681 Countrie Glen Dr	Employer/Occupation/Labor Organization*		M 09	D 10
City Galloway	State OH	Zip Code 43119	Y 15	Amount 20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Jason Ramsey			Registration Number, if PAC	
Street Address 361 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	Amount 100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ben Kessler			Registration Number, if PAC	
Street Address 2555 Bryden Rd	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	Amount 50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dawn Tartal			Registration Number, if PAC	
Street Address 340 S. Roosevelt Ave	Employer/Occupation/Labor Organization*		M 09	D 10
City Bexley	State OH	Zip Code 43209	Y 15	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 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

715 00

Total expenditures this event.

0

Page Total \$ 280.00