

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Jill Reardon for Trustee					
Full Name of Contributor Tami F. Biehn				Registration Number, if PAC	
Street Address 1201 Clubview Blvd. N.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph Mowad				Registration Number, if PAC	
Street Address PO Box 20289		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kacey E. Dee				Registration Number, if PAC	
Street Address 7230 Skyline Dr. E Apt 203		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Beth Murphy				Registration Number, if PAC	
Street Address 1111 Circle on the Green		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Oxender and Associates/Richard Oxender				Registration Number, if PAC	
Street Address 6362 Mar Min Court		Employer/Occupation/Labor Organization* Governmental Affairs		M 0	D 5
City Worthington		State OH	Zip Code 43235	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert L. Oppenheimer				Registration Number, if PAC	
Street Address 811 Wackeman Ct.		Employer/Occupation/Labor Organization*		M 0	D 5
City Westerville		State OH	Zip Code 43081	Y 1	Amount \$750.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary F. Sciulli				Registration Number, if PAC	
Street Address 1349 Hickory Ridge Ln		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,600.00