

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>FRIENDS OF DR. JAN GORNIAK</u>								
Full Name of Contributor <u>Tommy McFerin</u>					Registration Number, if PAC			
Street Address <u>12800 Adams Lane</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City <u>Potomac</u>		State <u>MD</u>	Zip Code <u>20854</u>		<u>0</u>	<u>8</u>	<u>0</u>	<u>100.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Michael J. Wohl</u>					Registration Number, if PAC			
Street Address <u>2325 Hardesty Dr. N</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43204</u>		<u>0</u>	<u>8</u>	<u>0</u>	<u>50.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Brent H + Dina Adler</u>					Registration Number, if PAC			
Street Address <u>2722 Park Ave</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City <u>Bexley</u>		State <u>OH</u>	Zip Code <u>43209</u>		<u>0</u>	<u>8</u>	<u>0</u>	<u>100.00</u>
Form (Cash, Check, etc) <u>Check</u>								
Full Name of Contributor <u>Dennis Roberge</u>					Registration Number, if PAC			
Street Address <u>372 Cumberland Dr.</u>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City <u>Whitehall</u>		State <u>OH</u>	Zip Code <u>43213</u>		<u>0</u>	<u>8</u>	<u>0</u>	<u>50.00</u>
Form (Cash, Check, etc) <u>Check</u>								
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)								
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)								
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

300.00

Total expenditures this event

162.10

Page Total \$ 300.00