

# 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 Amy Debra Klaben				Registration Number, if PAC	
Street Address 238 N. Cassady Ave.		Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Marty Anderson				Registration Number, if PAC	
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey W. Edwards				Registration Number, if PAC	
Street Address 495 South High Street, Suite 150		Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Bell				Registration Number, if PAC	
Street Address 2148 Pleasant Colony Dr.		Employer/Occupation/Labor Organization*		M   D   Y 0   3   3   0   0   5	Amount \$100.00
City Lewis Center		State OH	Zip Code	Form (Cash, Check, etc.) cash	
Full Name of Contributor Clyde Bridges				Registration Number, if PAC	
Street Address 2272 Somersworth Drive North		Employer/Occupation/Labor Organization*		M   D   Y 0   3   3   0   0   5	Amount \$100.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) cash	
Full Name of Contributor Edward J. Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   4   0   6   0   5	Amount \$50.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) cash	
Full Name of Contributor David B. Perry				Registration Number, if PAC	
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$150.00
City Johnstown		State OH	Zip Code 43031	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 \$ 700.00