

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 Jill K. Tangeman				Registration Number, if PAC	
Street Address 1138 Sea Shell Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville		State OH	Zip Code 4308	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Otto Beatty, III				Registration Number, if PAC	
Street Address 600 South Grant Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor SZD Government Advocates LLC				Registration Number, if PAC	
Street Address 250 West Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel R. Helmick				Registration Number, if PAC	
Street Address 2050 Ellington Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert W. Campbell				Registration Number, if PAC	
Street Address 227 Cottswold Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Delaware		State OH	Zip Code 43015	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Porter Wright Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Richard J. Conie				Registration Number, if PAC	
Street Address 3900 Tarrington Lane		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 1	Amount 500
				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

4,000.00
Page Total \$ ~~1000~~