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

Event Dat	October 7, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor  Jill K. Tangeman		<del></del>	Registration Number, if PAC
Street Address 1138 Sea Shell Drive	Employer/Occupation/Labor Organization*		M D 3 0 5 Amount 500
<sup>City</sup> Westerville	Sta te OH	Zip Code 4308	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*		1 0 1 3 0 5 Amount 500
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check Resistantian Number of PAC
Full Name of Contributor SZD Government Advocates LLC			Registration Number, if PAC
Street Address 250 West Street	Employer/Occupation/Labor Organization*		M D Y Amount 250
City Columbus	Sta te OH	Zip Code 43215	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 D Y Amount 250
<sup>City</sup> Columbus	Sta te OH	Zip Code 43221	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*		1 0 1 3 0 5 Amount 500
<sup>City</sup> Delaware	State OH	Zip Code 43015	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*		1 0 1 3 0 5 Amount 1,500
<sup>City</sup> Columbus	State OH	Zip Code 43215	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*		1 0 1 3 0 5 Amount 500
<sup>City</sup> Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check  self-employed the occupation and the name of

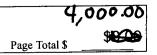
Fill in the boxes below only on the last page for this event.

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



<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor 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)]