

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline					
Full Name of Contributor Aaron Rausch				Registration Number, if PAC	
Street Address 723 W. 9th Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 5	Amount \$25.00
City Marysville		State OH	Zip Code 43040	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Lashutka				Registration Number, if PAC	
Street Address 729 Mohawk Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 0 5	Amount \$200.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Hillis				Registration Number, if PAC	
Street Address 17 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 5	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul Allen Beck				Registration Number, if PAC	
Street Address 7003 Perry Drive		Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount \$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy A. Riedel				Registration Number, if PAC	
Street Address 1305 Ducrest Dr, S.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 5	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Luceille Fleming				Registration Number, if PAC	
Street Address 1000 Urlin Avenue, Unit 1522		Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Brown				Registration Number, if PAC	
Street Address 155 W. Main Street, No. 602		Employer/Occupation/Labor Organization*		M D Y 1 0 0 4 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43215	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

00

Total expenditures this event.

.00

Page Total \$ **\$625.00**