

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Nicholas Everhart				Registration Number, if PAC			
Street Address 3944 North Hampton Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	Zip Code 43065	Form (Cash, Check, etc) Check			
Full Name of Contributor Stephen Helwag				Registration Number, if PAC			
Street Address 241 Key Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Pataskala		State O	Zip Code 43062	Form (Cash, Check, etc) check			
Full Name of Contributor Mory Fuhrmann				Registration Number, if PAC			
Street Address 4603 Ludington Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	50.00
City Columbus		State O	Zip Code 43227	Form (Cash, Check, etc) Check			
Full Name of Contributor Aaron Leventhal				Registration Number, if PAC			
Street Address 759 city Park Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43206	Form (Cash, Check, etc) Check			
Full Name of Contributor George Arnold				Registration Number, if PAC			
Street Address 3020 Dale Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	Zip Code 43209	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael Valo				Registration Number, if PAC			
Street Address 931 Longview Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43235	Form (Cash, Check, etc) Check			
Full Name of Contributor Andrew Bowers				Registration Number, if PAC			
Street Address 953 Neil Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43201	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 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

2125.00

Total expenditures this event

Invoice not received

Page Total \$ 400.00