

# 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 Paul H. Coleman				Registration Number, if PAC	
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization* Attorney		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Newton L. Burris				Registration Number, if PAC	
Street Address 3526 Livmoor Drive		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43227	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven N. Rosenthal				Registration Number, if PAC	
Street Address 5272 Rockport Street		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 40
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Leonard E. Scott				Registration Number, if PAC	
Street Address 2304 Wynds Ct.		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 50
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael E. Hariston				Registration Number, if PAC	
Street Address 1359 Acheson Street		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 50
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) check	
Full Name of Contributor Michelle I. Myles				Registration Number, if PAC	
Street Address 401 Woodland Ave.		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin L. Dixon				Registration Number, if PAC	
Street Address 1568 Kenview Road		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 100
City Columbus		State OH	Zip Code 43209	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

315.00  
Page Total \$ ~~315.00~~