Event Date	08/27/06
Page	20

## Statement of Contributions Received at a Social or Fundraising Event

Name of Countribute in Full   Name of Countribute in Full   Name of Countribute   Name	and the second s	Prescribed by S	ecretary of State 3/05		
Full Name of Contributor   Lawrence Owen   Employer/Occupation/Labor Organization*   M   D   Y   Amount   D   V   Amount   D   V   Columbus   D					
Lawrence Owen   Employer/Occupation/Labor Organization*		ORRIS FOR JUI	)GE		
State   Zip Code		•		Registration Number, if PAC	
State   Zip Code   State   Zip Code   Form(Cash, Check, etc)   Columbus   C					
State		Employer/Occu	pation/Labor Organization*		
Columbus					25.00
Full Name of Contributor   Name of Contributor   Name of Contributor   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   O   8   2   7   0   6   25.00	<b>,                                    </b>		1 *		
Nancy Bell Stewart   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   153 E Charleston Avenue   State   Zip Code   Form(Cash, Check, etc)   CHECK   210.5   Full Name of Contributor   CHECK   210.5   Full Name of Contributor   Columbus   Check, etc)   Columbus   Columbus   Check, etc)   Columbus   Columbus   Columbus   Cash   Form(Cash, Check, etc)   Columbus   Columbus   Check, etc)   Columbus   Check, etc)   Columbus   Columbus   Check, etc)   Columbus   Check, etc)   Columbus		OH	43214		
State   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   25.00				Registration Number, if PAC	
153 E Charleston Avenue					
State   Zip Code   CHECK 2105   CHECK 2105		Employer/Occu	pation/Labor Organization*		
Columbus					25.00
Full Name of Contributor   Megistration Number, if PAC	•		1 *	` ' ' '	
Meri Jo Warner   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   4460 Rosemary Parkway   State   Zip Code   Form(Cash,Check,etc)   Cash		OH	43214		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	· · · · · · ·			Registration Number, if PAC	2.5
A460 Rosemary Parkway		<u> </u>			
State   Zip Code   Cash   Check,etc   Cash	The state of the s	Employer/Occu	pation/Labor Organization*		
Columbus					40.00
Full Name of Contributor   John Guyton   Street Address   Employer/Occupation/Labor Organization*   M	1 ·		_ ·		
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State   Stat					
State   Columbus   Columbus   Columbus   CHECK 3033		Employer/Occu	pation/Labor Organization*		
Columbus         OH           43214         CHECK 3033           Full Name of Contributor					50.00
Full Name of Contributor  Jan Fleming  Street Address  44 E California  City  Columbus  Full Name of Contributor  Registration Number, if PAC  State  OH   43202  CHECK 8730  Form(Cash,Check,etc)  CHECK 8730  Registration Number, if PAC  CHECK 8730  Form(Cash,Check,etc)  CHECK 8730  Registration Number, if PAC  State Zip Code  OH   43202  CHECK 8730  Registration Number, if PAC  State Zip Code  OH   43202  CHECK 8730  Registration Number, if PAC  Columbus  Street Address  OH   43202  CHECK 2430  Amount  O   8   2   7   0   6   40.00  City  Columbus  OH   43214  CHECK 2441  Foul Name of Contributor  Martha Maas  Street Address  Employer/Occupation/Labor Organization*  Martha Maas  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Amount  O   8   2   7   0   6   40.00  CHECK 2441  Registration Number, if PAC  State Zip Code  OH   43214  CHECK 2441  Foul Name of Contributor  Martha Maas  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  O   8   2   7   0   6   50.00  The Country of the C	•	<b>I</b>	-		
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Full Name of Contributor Richard Lillash  Street Address Employer/Occupation/Labor Organization* M D Y Amount $0 \mid 8 \mid 2 \mid 7 \mid 0 \mid 6$ 40.00  City State Columbus OH A3214 CHECK 2441  Full Name of Contributor Martha Maas  Street Address Employer/Occupation/Labor Organization* M D Y Amount $0 \mid 8 \mid 2 \mid 7 \mid 0 \mid 6$ 50.00  City State Zip Code Form(Cash, Check, etc)  Registration Number, if PAC  Registration Number, if PAC  Amount $0 \mid 8 \mid 2 \mid 7 \mid 0 \mid 6$ 50.00  City State Zip Code Form(Cash, Check, etc)  Street Address Martha Maas  Street Address Street Address State Zip Code Form(Cash, Check, etc)			1 -		
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					40.00
Full Name of Contributor	1 ·		1 *		
		OH	43214		
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93 E Longview 0 8 2 7 0 6 50.00 City State Zip Code Form(Cash, Check, etc)					
City State Zip Code Form(Cash, Check, etc)		Employer/Occu	pation/Labor Organization*		
					50.00
Columbus   OH   43202   CHECK 2076					
	Columbus	[OH]	43202	CHECK 20/6	

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	Total expenditures this event	
		Page Total \$255.00
		L

<sup>\*</sup> 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)]