

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Abbott for Office				
Full Name of Contributor Terrence Bell			Registration Number, if PAC N/A	
Street Address 8981 Winchester Road	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Carroll	State OH	Zip Code 43112	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor R.F. Bepler			Registration Number, if PAC N/A	
Street Address 6651 Lakeview Circle	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester	State OH	Zip Code 43110	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John N. Boice			Registration Number, if PAC N/A	
Street Address 6536 Clay Court	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester	State OH	Zip Code 43110	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Carpenter & Carpenter (non-incorporated)			Registration Number, if PAC N/A	
Street Address 7540 Lithopolis Road	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Carroll	State OH	Zip Code 43112	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jayne Gates			Registration Number, if PAC N/A	
Street Address 3525 Pickerington Road	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Carroll	State OH	Zip Code 43112	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amanda L. Hughes			Registration Number, if PAC N/A	
Street Address 6455 Buckner Street	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester	State OH	Zip Code 43110	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lucinda L. Jensen			Registration Number, if PAC N/A	
Street Address 775 Amanda Northern Road NW	Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Lancaster	State OH	Zip Code 43130	Y 0	Amount \$100.00
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

Page Total \$ **\$700.00**