

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Jill Reardon for Trustee					
Full Name of Contributor Diana Southard				Registration Number, if PAC	
Street Address 1346 Hickory Ridge Ln		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$50.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Beck				Registration Number, if PAC	
Street Address 7739 Cloister Dr.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$50.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Wood				Registration Number, if PAC	
Street Address 1081 Blind Brook Dr.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$200.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jackie Z. Michaelides				Registration Number, if PAC	
Street Address 940 Highview Dr.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cheryl O'Brien				Registration Number, if PAC	
Street Address 8235 Fairway Dr.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoffre Hatcher				Registration Number, if PAC	
Street Address 1013 Clubview Blvd. S.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas J. Timcho				Registration Number, if PAC	
Street Address 1355 Oakview Dr.		Employer/Occupation/Labor Organization*		M 0 5 1 2 1 7	Amount \$50.00
City Columbus		State OH	Zip Code 43235	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

Total expenditures this event.

\$2,250.00

\$0.00

Page Total \$ 650.00