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

Event Date 4/12/05	
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Prescribed by Secretary of State 03/0

5.	<del> </del>		
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Larry H. James			and the state of t
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
One Miranova Place	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Federick L. Ransier	<del></del>		M D V Amount
Street Address 1801 East Long Street	Employer/Occupat	tion/Labor Organization*	0 4 2 0 0 5 \$100.00
City	State Zip Code		Form (Cash, Check, etc.)
Columbus	ОН	43203	check
Full Name of Contributor			Registration Number, if PAC
Carol Sheehan Smithberger			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
7658 Footermill Lane			0 4 2 0 0 5 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	
Full Name of Contributor  James C. Shaw			Registration Number, if PAC
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
2505 Dorset Road	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor Charles R. Santer	Registration Number, if PAC		
Street Address			M D Y Amount
1320 McCoy Road	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 \$500.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
Full Name of Contributor Douglas R. McCloud			Registration Number, if PAC
Street Address 1666 Birdsong Court	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 Amount \$250.00
City Blacklick	Stal te OH	Zip Code 43004	Form (Cash, Check, etc.)
Full Name of Contributor Goldman & Associates			Registration Number, if PAC
Street Address 454 E. Main Street, Suite 227	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 Amount \$500.00
<sup>Сіty</sup> Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check

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 \$ 2,850.00

<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 also appear. [R.C. 3517.10(B)(4)]