

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline							
Full Name of Contributor Katherine S. LeVeque				Registration Number, if PAC			
Street Address 50 West Broad Street, Suite 4000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	\$400.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank A. Titus				Registration Number, if PAC			
Street Address 1251 Harrison Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$75.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Etheridge				Registration Number, if PAC			
Street Address Best Effort		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	\$50.00
City Columbus		State OH	Zip Code	Form (Cash, Check, etc.) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$1,150.00

Total expenditures this event.

\$285.19

Page Total \$

\$525.00