

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Yvette McGee Brown				Registration Number, if PAC	
Street Address 643 Crossing Creek		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Evangeline Woods				Registration Number, if PAC	
Street Address 672 Rainbow Park		Employer/Occupation/Labor Organization* AP Specialist/Mt. Carmel		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 10
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Ed Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization* Franklin Count Tres. Office		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 35
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Bob Vaughan				Registration Number, if PAC	
Street Address 808 Parsons Ave.		Employer/Occupation/Labor Organization* Car Dealer/Vaughan Motor		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 25
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Mark Smith				Registration Number, if PAC	
Street Address 1260 South Champion		Employer/Occupation/Labor Organization* Target Logistics		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 25
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Don L. Brown				Registration Number, if PAC	
Street Address 3921 Lytham Ct.		Employer/Occupation/Labor Organization*		M 1	D 0
City Upper Arlington		State OH	Zip Code 43220	Y 1	Amount 75
				Form (Cash, Check, etc.) check	
Full Name of Contributor Larry D. Danduran				Registration Number, if PAC	
Street Address 562 Gleaming Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Galloway		State OH	Zip Code 43119	Y 1	Amount 25
				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

445.00
~~20.00~~
Page Total \$