

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus						
Full Name of Contributor Cathy Collins			Registration Number, if PAC			
Street Address 3955 Hill Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check			
Full Name of Contributor Thomas Hayes			Registration Number, if PAC			
Street Address 65 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Crystal Lett			Registration Number, if PAC			
Street Address 2937 Rushbury Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Ken Lazar			Registration Number, if PAC			
Street Address 565 Metro Place South, Suite 300	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Michael Schadek			Registration Number, if PAC			
Street Address 1537 Guilford Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Jodi Ransom			Registration Number, if PAC			
Street Address 5037 Silver Bow Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$25.00
City Columbus	State OH	Zip Code 43026	Form (Cash, Check, etc.) check			
Full Name of Contributor Claudia Zane			Registration Number, if PAC			
Street Address 4316 Shire Cove Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1 9 1 7	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	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.

--

Page Total \$ \$400.00
