

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 Paul H. Coleman				Registration Number, if PAC	
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Richard C. Pfriffer				Registration Number, if PAC	
Street Address 238 East Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43214	Y 1	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor William B. Conner				Registration Number, if PAC	
Street Address 465 South Parkview Ave. Apt. 23		Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Chauncey A. Cochran				Registration Number, if PAC	
Street Address 14 East Gay Suite 400		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor A. Michael Schwarzwaldner				Registration Number, if PAC	
Street Address 357 W. Hubbard Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Manoj Sethi				Registration Number, if PAC	
Street Address 7674 Johntimm Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor J. Jeffrey McNealey				Registration Number, if PAC	
Street Address 41 South High Street, 30th Floor		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 50
				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

Page Total \$

750.00