

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 Ian Nickley			
Full Name of Contributor Michael Moses		Registration Number, if PAC	
Street Address 29 E. Tulane Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$50	
City Columbus	State OH Zip Code 43202	Form (Cash, Check, etc.) check	
Full Name of Contributor Ian Nickley		Registration Number, if PAC	
Street Address 717 Francis Ave	Employer/Occupation/Labor Organization* Hicks Partners	M D Y Amount 1 0 0 8 15 \$100	
City Bexley	State OH Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Ronald Nickley		Registration Number, if PAC	
Street Address 1458 Sand Ridge Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$100	
City Bowling Green	State OH Zip Code 43401	Form (Cash, Check, etc.) check	
Full Name of Contributor Malcom Porter		Registration Number, if PAC	
Street Address 2436 Brantwood Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$100	
City Bexley	State OH Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Eron Ranft		Registration Number, if PAC	
Street Address 233 S. Remington Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$100	
City Columbus	State OH Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Joanne Ranft		Registration Number, if PAC	
Street Address 1516 W. Main St., Apt. 1501	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$25	
City Columbus	State OH Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Stacy Schaal		Registration Number, if PAC	
Street Address 35161 Kinsale Head Dr.	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 0 8 15 \$50	
City Columbus	State OH Zip Code 43221	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

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Total expenditures this event.

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Page Total \$

1,025