

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 David R. Schooler				Registration Number, if PAC	
Street Address 273 E. Sycamore Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Susan J. Insley				Registration Number, if PAC	
Street Address 4972 Tempe Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Powell		State OH	Zip Code 43065	Y 2	Amount 250
Form (Cash, Check, etc.) check					
Full Name of Contributor Grant Morrow III				Registration Number, if PAC	
Street Address 253 N. Columbia Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 500
Form (Cash, Check, etc.) check					
Full Name of Contributor Barbara Trueman				Registration Number, if PAC	
Street Address 5490 Hayden Run Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard		State OH	Zip Code 43026	Y 2	Amount 500
Form (Cash, Check, etc.) check					
Full Name of Contributor Jacqueline J. Royster				Registration Number, if PAC	
Street Address 6272 Highgate Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Lewis Center		State OH	Zip Code 43035	Y 2	Amount 150
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael Gonsiorowski				Registration Number, if PAC	
Street Address One Miranova Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert H. Jeffrey				Registration Number, if PAC	
Street Address 296 Ashbourne Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 500
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 \$ 2,100.00