Event Date	16
Page	1/27/2005

Statement of Contributions Received at a Social or Fundraising Event

	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
The of Calumbre	0 3 1 8 0 5 100.00
State Zip Code	Form(Cash,Check,etc)
O H 43147	Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc)
<u> </u>	Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc)
$O \mid H \mid$	Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc) Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc) Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc) Check
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form(Cash,Check,etc) Check
	State Zip Code O H 43147 Employer/Occupation/Labor Organization* State Zip Code O H Employer/Occupation/Labor Organization* State Zip Code O H Employer/Occupation/Labor Organization* State Zip Code O H Zip Code O H Employer/Occupation/Labor Organization* State Zip Code O H Employer/Occupation/Labor Organization* State Zip Code O H Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*

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

Total expenditures this event

Page Total \$ _____100.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. [R.C. 3517.10(B)(4)]