

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 Mark S. Fruehlich			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 150.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Jerold B. Skinner			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 60.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Almeta Cooper			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 75.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Ralph E. Breitfeller			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 100.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin L. Boyce For Columbus City			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 1,000.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Columbus sheet metal workers			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 1,000.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Span			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
			10 24 07 62.00	
City	State OH	Zip Code	Form (Cash, Check, etc.) cash	

* 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

2,445.00

Page Total \$

~~\$2,445.00~~