

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 Katina M. Burris			Registration Number, if PAC	
Street Address 13752 Mottlestone Drive	Employer/Occupation/Labor Organization*		M 1	D 0
City Pickerington	State OH	Zip Code 43147	Y 2	Amount 5
Form (Cash, Check, etc.) check				
Full Name of Contributor Michelle I. Myles			Registration Number, if PAC	
Street Address 401 Woodland Ave.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43203	Y 2	Amount 5
Form (Cash, Check, etc.) check				
Full Name of Contributor Diane M. Ivery			Registration Number, if PAC	
Street Address 2665 Marview	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	Amount 5
Form (Cash, Check, etc.) check				
Full Name of Contributor Gail A. White-Dixon			Registration Number, if PAC	
Street Address 1652 Bryden Road	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43205	Y 2	Amount 5
Form (Cash, Check, etc.) check				
Full Name of Contributor Charlene White			Registration Number, if PAC	
Street Address 2510 Sunbury Drive	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	Amount 5
Form (Cash, Check, etc.) check				
Full Name of Contributor Lataisha Goins			Registration Number, if PAC	
Street Address 1477 Elmore Ave.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43224	Y 2	Amount 50
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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 \$ **175.00**