

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Judge O'Donnell												
Full Name of Contributor John H. Bates			Registration Number, if PAC									
Street Address 495 South High St., Ste. 400		Employer/Occupation/Labor Organization* self/John H. Bates, Attorney		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>4</td> <td>2</td> <td>\$100.00</td> </tr> </table>	M	D	Y	Amount	0	4	2	\$100.00
M	D	Y	Amount									
0	4	2	\$100.00									
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check								
Full Name of Contributor												
Street Address			Employer/Occupation/Labor Organization*									
City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
Street Address			Employer/Occupation/Labor Organization*									
City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
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City		State OH	Zip Code	Form (Cash, Check, etc.)								
Full Name of Contributor												
Street Address			Employer/Occupation/Labor Organization*									
City		State OH	Zip Code	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

\$100.00

Total expenditures this event.

\$0.00

Page Total \$ 100.00