31-E R.C. 3517.10(B)

Event Date	03/30/06
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
THE COMMITTEE TO ELECT DOP	<u>RRIS FOR JUI</u>	OGE		
Full Name of Contributor			Registration Number, if PAC	
KEVIN HORN				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
944 LINWORTH VILLAGE DR.			0 3 3 0 0 6	10.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	0 H	43225	CASH	
Full Name of Contributor			Registration Number, if PAC	
BILL EARLY				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
198 S. DAWSON AVE.			0 3 3 0 0 6	5.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43209	CASH	
Full Name of Contributor			Registration Number, if PAC	
STEVE MARTIN				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
1306 THURELL ROAD			0 3 3 0 0 6	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43229	CASH	
Full Name of Contributor	•		Registration Number, if PAC	
JULIE E. BRIGNER				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
6837 ALLOWAY STREET WEST			0 3 3 0 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	00,00
WORTHINGTON	O H	43085	CHECK #2433	
Full Name of Contributor			Registration Number, if PAC	
THOMAS F. CHARLESWORTH **				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
5744 CONCORD HILL DRIVE			0 3 3 0 0 6	35.00
City	State	Zip Code	Form(Cash,Check,etc)	00.00
COLUMBUS	ОН	43213-2608	CHECK #1088	
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
MICHELE L. NOBLE				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
45 GOULD ROAD			0 3 3 0 0 6	300.00
City	State	Zip Code	Form(Cash,Check,etc)	000.00
COLUMBUS	OH	43209	CHECK #104	
Full Name of Contributor	<u> </u>		Registration Number, if PAC	
CAROL A. WRIGHT **				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
318 BERGER ALLEY	,,		0 3 3 0 0 6	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
COLUMBUS	OH	43206	CHECK #2898	
		10200	12070	

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.

	** DENOTES THIS PART	TY IS A POSSIBLE APOIN	ITEE FOR THE CONMON	<u>I PLEAS C</u> OUI	RT
Total contributions this event		Total expenditures this event			
				Page Total \$	455.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]