Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_	10	112	167	_
Page 4	3_			

Name of Committee in Full				
Full Name of Contributor		 	Registration Number, if PA	c -
Suzanne C. Talbert				
Street Address 537 Strathshire La	Employer/Occupation/Labor Organization*		(0 240 7	Amount 150,00
City Ganama a	Sta te OH	Zip Code 43230	Form (Cash, Check, etc.)	
Full Name of Contributor Q B. Johnson			Registration Number, if PA	C
2046 Willow Glenn Ly	Employer/Occupation/Labor Organization*		102407	150.00
Colymbus	Sta te OH	Zip Code 4373	Form (Cash, Check, etc.)	
Full Name of Contributor Tryne Patricia Mour	e		Registration Number, if PA	
1632 Bryden Rd	Employer/Occupation/Labor Organization*		102407	Amount / SO. OO
city Columbus	Stal te OH	Zip Code 43205	Form (Cash, Check, etc.)	
Full Name of Contributor D. Small wood			Registration Number, if PA	C
Street Address 4121 Edgehill Dr.	Employer/Occupation/Labor Organization*		102407	J 50,00
Columbus	Starte OH	Zip Code 43220	Form (Cash, Check, etc.)	
Full Name of Contributor (athy Moc/L			Registration Number, if PA	.C
Street Address SHO YOUK LM	Employer/Occupation/Labor Organization*		102407	25,00
Columbus	OH Stal te	Zip Gode 3732	Form (Cash, Check, etc.)	
Full Name of Contributor Yer (" Will 12mm 3			Registration Number, if PA	
G752 Alberth Pl.	Employer/Occupa	tion/Labor Organization*	(02407	250.00
city westo mille	OH Stal te	Zip Cotle 3 6 8 2	Form (Cash, Check, etc.)	
Full Mane of Contributor (c. Phe iffer			Registration Number, if PA	
Street Address E Royal Forest Blue	Employer/Occupation/Labor Organization*		(10 340 7	Amount OO
Columbus	Sta te OH	Zip Code 47 2 1 K	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewid	e and General Ass	embly candidates. If contributo	r is self-employed, the occup	pation and the name of

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

in the date continu				
Total contributions this event	Total expenditures this event.			
\$0.00	\$0.00			

Page Total \$

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]