

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee To Elect Eddie Pauline					
Full Name of Contributor Jeffrey Polesovsky				Registration Number, if PAC	
Street Address 4660 Blairfield Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Columbus	State O	Zip Code 43214	Form(Cash, Check, etc) Check		
Full Name of Contributor Karl Kershner				Registration Number, if PAC	
Street Address 4953 Albany Meadow Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Columbus	State O	Zip Code 43081	Form(Cash, Check, etc) Check		
Full Name of Contributor James Canepa				Registration Number, if PAC	
Street Address 5203 Fenway Ct. Suite A	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Columbus	State O	Zip Code 43214	Form(Cash, Check, etc) Check		
Full Name of Contributor Adam Viers				Registration Number, if PAC	
Street Address 2281	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Columbus	State O	Zip Code 43204	Form(Cash, Check, etc) Check		
Full Name of Contributor James Conway				Registration Number, if PAC	
Street Address 4130 Shady Grove	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Toledo	State O	Zip Code 43623	Form(Cash, Check, etc) Check		
Full Name of Contributor Kari Hertel				Registration Number, if PAC	
Street Address 4607 Wuertz Ct.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2105
City Columbus	State O	Zip Code 43017	Form(Cash, Check, etc) Check		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	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 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

780.00

Total expenditures this event

N/A

Page Total \$ 155.00