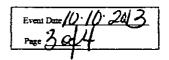
Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05



	Name of Committee in Full			
J	Full Name of Gontributor Ben Adjoug.	T.A.		Registration Number, if PAC
	Street Address 670 Francos CT	Employ er/Occupa	tion/Labor Organization*	M D Y ATTOURT (). (4)
	ciny Cahanna	Ohio	Zip Code 4,32(3()	Form (Cash, Clock Ar.) # 241
6	Full Name of Contributor Ha Burton	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
	Street Address DORD Shawdow CT	Employer:Occupation/Labor Organization*		M D Y Amount 11) 10 13 50.60
	city blumbys.	Ohio	143231	Form (Cash Check Sec.)
\$	Margaret C. Prillerman	argaret C. Prillerman		Registration Number, if PAC
	Street Address 5191 Longrifle	Employer/Occupat	ion/Labor Organization*	10 10 13 AMOUNT 50.4
	Westerville	Ohio	^{Zip Code} 43081	Form (Cash, Carch) etc.) #6945
ý	Daviene Havo			Registration Number, if PAC
٧	1199 E. College Ave	Employer/Occupat	ion/Labor Organization®	10 10 13 50.0
,	Westerville.	Ohio	43081-2521	Form (Cash, Africa Ann.)
J	Full Name of County in Lean Humaniles			Registration Number, if PAC
	489 Brookside Drive	Employer/Occupsi	ion/Labor Organization*	10 10 (3 50.9
	Columbus	Ohio	43209	Form (Cash Check etc.)
	Full Name of Contributor Abut Russel Street Address / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			Registration Number, if PAC
	1634 Clitton Ave.		ion/Labor Organization*	10 10 13 100.a
	City Columbus Full—wife of Contributor	Ohio	Zip Code 43203	Form (Ash Check, etc.) Registration Number, if PAC
ü	Been ice Mc an le Employ er/Occupation/Labor Organization*			Negatrandi Number, il PAC
	14/1 Kenwick Rd	Sta te	ion/Labor Organization*	10 10 13 50.00
	Required for contributions from individuals over \$100 to statewide	Ohio	43209	
,	the individual's business, if any, rather than employer should be listed labor organization of which the employees are members, if any, must	d. If two or more	employees contribute via payroll d	eduction and exceed the aggregate of \$100, the
	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	er Full Name of C	ontributor state "Contributions fro	on form No. 21.E" and list the date of the 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 Total expenditures this event.			
	Total contributions this event		[
				Page Total \$ 4/0.
				<u> </u>