

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 Diane Chapman			Registration Number, if PAC	
Street Address 1102 Nautilus Pl.	Employer/Occupation/Labor Organization* Farmers Insurance		M 0 D 6 Y 0	Amount \$150.00
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			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

\$150.00

Total expenditures this event.

\$0.00

Page Total \$ **\$150.00**