

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Committee to Elect Lori Trent</u>					
Full Name of Contributor <u>Bruce R. Shalter</u>				Registration Number, if PAC	
Street Address <u>1635 B. Grandview Avenue</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43212</u>	Y <u>11</u>	Amount <u>\$50.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Anthony Jay Dasenzo</u>				Registration Number, if PAC	
Street Address <u>1012 Hunter Avenue</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43201</u>	Y <u>11</u>	Amount <u>\$50.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Richard S. Gore</u>				Registration Number, if PAC	
Street Address <u>43 Buckel St.</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>11</u>	Amount <u>\$37.50</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Peter D. Yockel</u>				Registration Number, if PAC	
Street Address <u>43 Buckel St.</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>11</u>	Amount <u>\$37.50</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Kimberly S. Seibert</u>				Registration Number, if PAC	
Street Address <u>81 N. 5th Street</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>11</u>	Amount <u>\$100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Katharine B. Bowman</u>				Registration Number, if PAC	
Street Address <u>81 N. 5th Street</u>		Employer/Occupation/Labor Organization*		M <u>09</u>	D <u>22</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>11</u>	Amount <u>\$100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
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

875.00

Total expenditures this event.

Page Total \$

0375.00