

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Gerald Griffin			Registration Number, if PAC	
Street Address 5380 Coachman Rd	Employer/Occupation/Labor Organization*		M   D   Y	Amount 25.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeanne A. Griffin			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 100.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Walter J. Gerhardtstein Jr			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 150.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Leon Humphries			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 125.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Brigid E. Heid			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 75.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Donald J. McTrigue			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 75.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Jack D'Aurora			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount 75.00
City	State OH	Zip Code	Form (Cash, Check, etc.) check	

\* 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

\$0.00
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Total expenditures this event.

\$0.00
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625.00
Page Total \$ <del>625.00</del>