

Event Date	8/4/14
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Eddie Pfau					
Full Name of Contributor Jamie C Hevener				Registration Number, if PAC	
Street Address 1751 Jupiter Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Hilliard	State OH	Zip Code 43026	Amount 20.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor Shane Clark				Registration Number, if PAC	
Street Address 1025 Oak St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43205	Amount 15.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Colin Dearth				Registration Number, if PAC	
Street Address 255 E Arcadia Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43202	Amount 10.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Thom Pegan				Registration Number, if PAC	
Street Address 611 Underground Farms Blvd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Gahanna	State OH	Zip Code 43230	Amount 20.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Angela Curtis				Registration Number, if PAC	
Street Address 2745 Sawtooth Oak Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43228	Amount 5.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Leigh Freter				Registration Number, if PAC	
Street Address 234 E Patterson Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43202	Amount 10.00		
Form(Cash,Check,etc) Cash					
Full Name of Contributor Ron House				Registration Number, if PAC	
Street Address 174 E Oakland Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43201	Amount 20.00		
Form(Cash,Check,etc) Cash					

* 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

260.00

Total expenditures this event

0.00

Page Total \$ 100.00