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

Event Date	October 1, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Robert W. Crosby			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1520 thurell Road		La. c. d.	1 0 1 3 0 5 25
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check
Full Name of Contributor	011	10220	Registration Number, if PAC
Valerie R. Harrell			,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1449 Cottingham Court West			1 0 1 3 0 5 50
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	check
Full Name of Contributor			Registration Number, if PAC
Hearcel F. Craig		1.000	
Street Address 5944 Shana Drive	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	check
Full Name of Contributor			Registration Number, if PAC
Channing & Associates			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
510 E. Mound Street, Suite 200			1 0 1 3 0 5 200
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Michelle I. Myles			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 3 0 5 25
401 Woodland Ave.		Ta: 0.1	Form (Cash, Check, etc.)
City Columbus	Stal te OH	Zip Code 43203	check
Full Name of Contributor Lori M. Tyack			Registration Number, if PAC
Street Address 947 Clubview Boulevard North	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 25
City Columbus	Starte OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Timothy Myles			Registration Number, if PAC
Street Address 401 Woodland Ave.	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 25
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

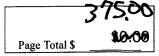
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions t	this event
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\$0.00

Total expenditures this event.

\$0.00



^{*} 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)]