

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

Total expenditures this event.

\$0.00

375.00
Page Total \$ 10.00