

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor Nirmal K. Sinha						Registration Number, if PAC	
Street Address 6470 Meadowbrook Cir		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State OH	Zip Code 43065	11	24	07	100.00
Form (Cash, Check, etc) check							
Full Name of Contributor David Hull						Registration Number, if PAC	
Street Address 5689 Strathmore Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State OH	Zip Code 43017	10	24	07	25.00
Form (Cash, Check, etc) check							
Full Name of Contributor David W. Robinson						Registration Number, if PAC	
Street Address 816 Summit St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	10	24	07	50.00
Form (Cash, Check, etc) check							
Full Name of Contributor Suzanna D Gussler						Registration Number, if PAC	
Street Address 3893 Criswell Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Upper Arlington		State OH	Zip Code 43220	10	24	07	250.00
Form (Cash, Check, etc) check							
Full Name of Contributor Gregory A. Cunningham						Registration Number, if PAC	
Street Address 670 Glenmont Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	10	24	07	100.00
Form (Cash, Check, etc) check							
Full Name of Contributor James P. Joyce						Registration Number, if PAC	
Street Address 3770 Ridge Mill Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Hilliard		State OH	Zip Code 43026	10	24	07	300.00
Form (Cash, Check, etc) check							
Full Name of Contributor Susan E Ashbrook						Registration Number, if PAC	
Street Address 2994 Crescent Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43204	10	24	07	250.00
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 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  
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Total expenditures this event  
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Page Total \$	1,075.00
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