

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Paul Bingle							
Full Name of Contributor Gregory Lashutka					Registration Number, if PAC		
Street Address 729 Mohawk St		Employer/Occupation/Labor Organization* Nationwide		M 0	D 9	Y 2	Amount 200.00
City Columbus	State OH	Zip Code 43206		Form(Cash, Check, etc) Check			
Full Name of Contributor David Bressman					Registration Number, if PAC		
Street Address 3011 Bethel Rd, Ste 103		Employer/Occupation/Labor Organization* Law Offices of David Bress		M 0	D 9	Y 2	Amount 100.00
City Columbus	State OH	Zip Code 43220		Form(Cash, Check, etc) Check			
Full Name of Contributor Kevin Brady					Registration Number, if PAC		
Street Address 2575 Byden Rd		Employer/Occupation/Labor Organization* AEP		M 1	D 0	Y 0	Amount 100.00
City Bexley	State OH	Zip Code 43209		Form(Cash, Check, etc) Check			
Full Name of Contributor George Arnold					Registration Number, if PAC		
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization* HR Gray		M 1	D 0	Y 0	Amount 100.00
City Columbus	State OH	Zip Code 43209-2008		Form(Cash, Check, etc) Check			
Full Name of Contributor Mary Jane Knapp					Registration Number, if PAC		
Street Address 482 E Schreyer Pl		Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 0	Amount 100.00
City Columbus	State OH	Zip Code 43214-2214		Form(Cash, Check, etc) Check			
Full Name of Contributor Steve Stivers					Registration Number, if PAC		
Street Address 372 W 2nd Ave		Employer/Occupation/Labor Organization* State of Ohio		M 1	D 0	Y 0	Amount 100.00
City Columbus	State OH	Zip Code 43201-3312		Form(Cash, Check, etc) Check			
Full Name of Contributor Sandra Simbro					Registration Number, if PAC		
Street Address 65 Orchard Ln		Employer/Occupation/Labor Organization* April Flowers		M 1	D 0	Y 0	Amount 140.00
City Columbus	State OH	Zip Code 43214		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

1,140.00

Total expenditures this event

147.27

Page Total \$ 840.00