

## 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<br><u>Timothy Holston</u>   |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>4220 RED Bud Place</u>          | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   02   07</u>        | Amount<br><u>125.00</u> |
| City<br><u>Cincinnati</u>                            | State<br><u>OH</u>                      | Zip Code<br><u>43229</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Michael Flowers</u>   |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>7082 Bluff Point Ct.</u>        | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>125.00</u> |
| City<br><u>Columbus</u>                              | State<br><u>OH</u>                      | Zip Code<br><u>43255</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Peter L. Coratola</u> |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>565 Metro Place South</u>       | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>500.00</u> |
| City<br><u>Dublin</u>                                | State<br><u>OH</u>                      | Zip Code<br><u>43017</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Leslie Hartfield</u>  |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>7605 Sammill Commons</u>        | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>75.00</u>  |
| City<br><u>Dublin</u>                                | State<br><u>OH</u>                      | Zip Code<br><u>43016</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Tanica Pierce</u>     |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>3575 Quickwater Rd</u>          | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>50.00</u>  |
| City<br><u>Grove City</u>                            | State<br><u>OH</u>                      | Zip Code<br><u>43123</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Marilyn Brown</u>     |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>78 West Hubbard Ave</u>         | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>100.00</u> |
| City<br><u>Columbus</u>                              | State<br><u>OH</u>                      | Zip Code<br><u>43215</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |
| Full Name of Contributor<br><u>Danita Bradley</u>    |   |                          |  | Registration Number, if PAC             |                         |
| Street Address<br><u>1643 Minturn Dr</u>             | Employer/Occupation/Labor Organization* |                          |  | M   D   Y<br><u>10   24   07</u>        | Amount<br><u>100.00</u> |
| City<br><u>New Albany</u>                            | State<br><u>OH</u>                      | Zip Code<br><u>43054</u> |  | Form (Cash, Check, etc)<br><u>check</u> |                         |

\* 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

3,856.00

Total expenditures this event

                    

Page Total \$

1,075.00  
~~0.00~~