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

Event Date_July 27, 2005	-
Page	

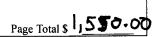
Prescribed by Secretary of State 03/0

N	·		
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Vorys Sater Seymour and Pease			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
52 East Gay Street			0 8 1 0 0 5 200
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Manoj Sethi Street Address	E1/O	notion/Labor Organization*	M D Y Amount
7674 Johntimm Court	Employer/Occupation/Labor Organization*		0 8 1 0 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor		1	Registration Number, if PAC
Kevin M. Bainter			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2092 Wagon Trail Drive			0 8 1 0 0 5 250
City	Stal te	Zip Code 43068	Form (Cash, Check, etc.) Check
Reynoldsburg Full Name of Contributor	OH	43000	Registration Number, if PAC
A. James Siebert, III			registration runner, in the
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1040 Bluesail Drive	Employer/Occupation/Labor Organization		0 8 1 0 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor			Registration Number, if PAC
David E. Cutlip			
Street Address 399 Lakeshore Drive West	Employer/Occupation/Labor Organization*		0 8 1 0 0 5 Amount 250
	0.1.	7 in Code	Form (Cash, Check, etc.)
City Hebron	OH	Zip Code 43025	check
Full Name of Contributor		i	Registration Number, if PAC
Mark Corna			_
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
10153 Chelton Wood			0 8 1 0 0 5 250
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	check
Full Name of Contributor Pohert N. Shamansky			Registration Number, if PAC
Robert N. Shamansky			M D Y Amount
Street Address 88 East Broad Street, Suite 900	Employer/Occupation/Labor Organization*		0 8 1 0 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
* Paguired for contributions from individuals over \$100 to		ssembly candidates. If contribu	utor is self-employed, the occupation and the name of

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 this event	Total expenditures this event.		
0.00	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)]