

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 Vorys Sater Seymour and Pease				Registration Number, if PAC	
Street Address 52 East Gay Street		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 200
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Manoj Sethi				Registration Number, if PAC	
Street Address 7674 Johntimm Court		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 250
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin M. Bainter				Registration Number, if PAC	
Street Address 2092 Wagon Trail Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 250
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor A. James Siebert, III				Registration Number, if PAC	
Street Address 1040 Bluesail Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 250
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor David E. Cutlip				Registration Number, if PAC	
Street Address 399 Lakeshore Drive West		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 250
City Hebron		State OH	Zip Code 43025	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark Corna				Registration Number, if PAC	
Street Address 10153 Chelton Wood		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 250
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert N. Shamansky				Registration Number, if PAC	
Street Address 88 East Broad Street, Suite 900		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Columbus		State OH	Zip Code 43215	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

Page Total \$ **1,550.00**