

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Wolfe For Mayor Committee						
Full Name of Contributor Stephen P. Campbell			Registration Number, if PAC			
Street Address 8430 Lazelle Village Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 2 0 9	Amount \$300.00
City Lewis Center	Sta te OH	Zip Code 43035	Form (Cash, Check, etc.) ck			
Full Name of Contributor Harold H. Mohr			Registration Number, if PAC			
Street Address 336 Harbor View Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0 1 0 9	Amount \$1,000.00
City Thornville	Sta te OH	Zip Code 43076	Form (Cash, Check, etc.) ck			
Full Name of Contributor Roger Simon			Registration Number, if PAC			
Street Address 12575 Wheaton Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0 5 0 9	Amount \$100.00
City Pickerington	Sta te OH	Zip Code 43147	Form (Cash, Check, etc.) ck			
Full Name of Contributor Gregory Comfort			Registration Number, if PAC			
Street Address 2275 Onadaga Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0 7 0 9	Amount \$500.00
City Cols	Sta te OH	Zip Code 43221	Form (Cash, Check, etc.) ck			
Full Name of Contributor Francis Scott Drlik			Registration Number, if PAC			
Street Address 1022 Briarview Ave NW	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0 5 0 9	Amount \$100.00
City N. Canton	Sta te OH	Zip Code 44720	Form (Cash, Check, etc.) ck			
Full Name of Contributor Philip Allen			Registration Number, if PAC			
Street Address 371 Cumberland Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0 8 0 9	Amount \$200.00
City Whitehall	Sta te OH	Zip Code 43213	Form (Cash, Check, etc.) ck			
Full Name of Contributor Judith Meloy			Registration Number, if PAC			
Street Address 7276 Poppy Hill Ct.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 3 0 9	Amount \$100.00
City Blacklick	Sta te OH	Zip Code 43004	Form (Cash, Check, etc.) ck			

* 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 \$ **\$2,300.00**