

# 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 Hamilton J. Teaford				Registration Number, if PAC	
Street Address 91 E. Deshler Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43206	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Larry J. Hotchkiss				Registration Number, if PAC	
Street Address 1241 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert J. Weiler, Jr.				Registration Number, if PAC	
Street Address 41 South High Street, Suite 2200		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Columbus firefighters Union PAC				Registration Number, if PAC LA 839	
Street Address 1380 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mark A. Wagenbrenner				Registration Number, if PAC	
Street Address 1289 Grandview Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor Build PAC Of Central Ohio				Registration Number, if PAC	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville		State OH	Zip Code 43082	Y 1	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

\* 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 \$ 800.00