

Event Date 04/21/05

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee To Elect Eddie Pauline				
Full Name of Contributor Molly Taylor			Registration Number, if PAC	
Street Address 319 N. High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City New Lexington	State O H	Zip Code 43764	Form (Cash, Check, etc) Check	
Full Name of Contributor Ryan Franzee			Registration Number, if PAC	
Street Address 745 Villa Rd. Apt. 129	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Springfield	State O h	Zip Code 45503	Form (Cash, Check, etc) Check	
Full Name of Contributor Dwayne Sattler			Registration Number, if PAC	
Street Address 8341 Harvest Wind Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Westerville	State O h	Zip Code 43082	Form (Cash, Check, etc) Check	
Full Name of Contributor Juan Cespedes			Registration Number, if PAC	
Street Address 74 East Engler Apt. 3C	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Amy Jenkins			Registration Number, if PAC	
Street Address 579 City Park	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Bonnie Conley			Registration Number, if PAC	
Street Address 5873 Ratification Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Galloway	State O H	Zip Code 43119	Form (Cash, Check, etc) Check	
Full Name of Contributor Rick Boylan			Registration Number, if PAC	
Street Address 1900 Marblecliff Crossing Ct.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 34204	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 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

780.00

Total expenditures this event

N/A

Page Total \$ **175.00**