

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor				Amount			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y			
City	State	Zip Code	Form (Cash, Check, etc.)				
Kambon, Edu							
Tom Dillard							
3226 McCutcheon Place		9	30	13	30-		
Columbus	Oh	43219-3399	457				
James C Pearson & Valerie A Pearson							
3224 Cannock Lane		9	30	13	50.00		
Columbus, Ohio	Oh	43219	50.00				
James Swilling							
1453 Forest St		9	30	13	100.00		
Columbus	Oh	43206	8257				
Curt Caffey							
5078 Harbor Blend B		9	30	13	30.00		
Columbus	Ohio	43232					
Martha Dillard							
1160 E. Broad Street		9	30	13	20-		
Columbus	Oh	43205					
Judy Gatti							
2398 Ziner Circle N		9	30	13	40-		
Croove City	Oh	43123					
Joseph Allen							
3387 Patriot Blvd		9	30	13	60.00		
Columbus	Oh	43219	2480				

* 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

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Total expenditures this event.

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Page Total \$ 330-