

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 Gretchen D. James				Registration Number, if PAC	
Street Address 9 Buttles Ave. Apt. 340		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Charlotte B. Hickcox				Registration Number, if PAC	
Street Address 1595 Roxbury Road, Apt. J		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 838 Thurber Drive West		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Poppe				Registration Number, if PAC	
Street Address 340 Clinton Heights Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 200 Reinhard Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor Eileen Y. Paley				Registration Number, if PAC	
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Betsy Becker				Registration Number, if PAC	
Street Address 6346 Angeles Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 2	Amount 35
				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 \$ **240.00**