

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Donahey Committee					
Full Name of Contributor Dean C. Eyestone				Registration Number, if PAC	
Street Address 244 E. Kossuth St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Lori A. Peacock				Registration Number, if PAC	
Street Address 308 Oakland Park Avenue	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43214-4124		Form(Cash,Check,etc) Check	
Full Name of Contributor Burton Schildhouse				Registration Number, if PAC	
Street Address 322 South Harding Road	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 70.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor David M. Eyestone				Registration Number, if PAC	
Street Address 5757 St. George Avenue	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 75.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Scott A. Coburn				Registration Number, if PAC	
Street Address 375 S. Sarwil Dr.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 35.00
City Canal Winchester	State O H	Zip Code 43110		Form(Cash,Check,etc) Check	
Full Name of Contributor Harold Schneiderman				Registration Number, if PAC	
Street Address 785 S. Fifth St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 5 0 6	Amount 70.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		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 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

450.00

Total expenditures this event

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Page Total \$ 450.00
