

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Paul Bingle				
Full Name of Contributor Nana Watson			Registration Number, if PAC	
Street Address 1404 Kenwick rd	Employer/Occupation/Labor Organization* Americas Charities		M D Y 0 9 2 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43209	Form(Cash, Check, etc) Check	
Full Name of Contributor Melissa Magers			Registration Number, if PAC	
Street Address 422 E Weber Rd	Employer/Occupation/Labor Organization* Community Shares of Mid		M D Y 0 9 2 0 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43202-1427	Form(Cash, Check, etc) Check	
Full Name of Contributor Mike Ryan			Registration Number, if PAC	
Street Address 902 Rarig Ave	Employer/Occupation/Labor Organization* Community Health Chariti		M D Y 0 9 2 0 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43219	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)	
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)	
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)	
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

100.00

Total expenditures this event

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Page Total \$ <u>100.00</u>
