

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

Prescribed by Secretary of State 03/05

Name of Committee in Full County for Council			
Full Name of Contributor John Little		Registration Number, if PAC	
Street Address 4547 High Free Pike	Employer/Occupation/Labor Organization* Franklin City Prospector	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 30
City West Jefferson	State <u>OH</u> Zip Code <u>45142</u>	Form (Cash, Check, etc.) Cash	
Full Name of Contributor John Craft		Registration Number, if PAC	
Street Address 6076 Pollard Place	Employer/Occupation/Labor Organization* Simpson Manufacturing	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 40
City Hilliard	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) Cash	
Full Name of Contributor John Canow		Registration Number, if PAC	
Street Address 5646 Breckenhurst Rd	Employer/Occupation/Labor Organization* Franklin City Sheriff	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 40
City Hilliard	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Erik Werd		Registration Number, if PAC	
Street Address 5233 Goldfield Drive	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 30
City Hilliard	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) Cash	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	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 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

1,370 00

Total expenditures this event.

00 00

Page Total \$

140