

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 Jackson B. Reynolds, III				Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization* Attorney/Smith & Hale		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Connie J. Klema				Registration Number, if PAC	
Street Address 100 Zellers	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2505
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check		Amount 600
Full Name of Contributor Michael P. Glimcher				Registration Number, if PAC	
Street Address 4130 E. Fifth Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2505
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor SBC Ohio Employee PAC				Registration Number, if PAC	
Street Address 150 East Gay Street, Room 4A	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2505
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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 \$ 2,100.00